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Abstract

This thesis reassesses the workings of the Anatomy Act (1832) in East Anglia throughout the nineteenth century. Underpinning the practice of medical education was the need to acquire human corpses to permit the essential study of anatomy. Over the course of the century the source of anatomical material moved from bodies taken from their graves by bodysnatchers to unclaimed pauper corpses from workhouses and hospitals to the increasing use of the cadavers of lunatics from the vast Victorian asylums. The accepted view of the Anatomy Act is that it stopped bodysnatching but failed to ensure a plentiful supply of cadavers. Whilst recent research has largely focused on specific changes in Poor Law legislation or the impact of the reorganisation of medical curricula on the supply of corpses, this study widens the debate by identifying seven groups; bodysnatchers, teachers of anatomy, medical students, inspectors of anatomy, paupers, guardians and those who elected them to office and examines their respective parts in attempting to solve the perennial problem of the shortage of corpses for dissection. The shifting locus of power between the groups is examined with reference to external changes which were brought to bear on their relationships. Cambridge Medical School is used as a case study to highlight the difficulties provincial schools experienced in obtaining dissection material and to indicate how, in this particular case, they were solved by the actions of determined individuals resulting in Cambridge becoming one of the most successful medical schools in the country by the end of the nineteenth century. This research contributes to the small, but growing, number of regional studies which are necessary to enable us to gain an overview of the effect of the Anatomy Act on the study of medicine across Britain in the nineteenth century.

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Finally I would like to acknowledge the tremendous support I have received from my husband, David Knowles, without whom this thesis would never have been completed.

Abbreviations

AS.	Apothecaries' Society.
GMC.	General Medical Council.
LGB.	Local Government Board.
LRCP.	Licentiate of the Royal College of Physicians.
LSA.	Licentiate of the Society of Apothecaries.
MB.	Batchelor of Medicine.
MD.	Doctor of Medicine.
MP.	Member of Parliament.
MRCP.	Member of the Royal College of Physicians.
MRCS.	Member of the Royal College of Surgeons.
NNH.	Norfolk and Norwich Hospital.
NPL.	New Poor Law (1834).
RCPL.	Royal College of Physicians, London.
RCSE.	Royal College of Surgeons, England.

Chapter 1

Introduction

The sense of outrage felt over the use of the human body after death remains both clear and complex. Since 1990 several high profile cases involving the misappropriation of cadavers have again brought to the fore issues which preoccupied society during the nineteenth century. I use the following account of contemporary cases to indicate the depth of feeling aroused when it is perceived that insufficient respect has been shown to the dead in an attempt to understand something of the reaction seen towards the associated issues of bodysnatching and dissection throughout the nineteenth century. In January 2001 Michael Redfern QC published his report into a scandal at Alder Hey Children's Hospital, Liverpool involving the removal of organs without consent.¹ Redfern's report described the "unethical and illegal retention" of thousands of organs from children "stripped bare" during post-mortems undertaken by Richard van Velzen, Professor of Pathology at Alder Hey Hospital.² Professor van Velzen, who was demonised by the press, being likened to Burke and Hare and called a "present day Frankenstein", claimed to have dedicated his life to children.³ Yet the report found no redeeming features in van Velzen's work, regarding his five year programme of research into infant cot death as a sham of fabricated results. Few of the organs he removed

¹ "The Royal Liverpool Children's Inquiry," *Sessional Papers*, 30 January, 2001
[<http://www.ricinquiry.org.uk/contents.htm>, accessed 10 November, 2008]

² Nigel Hawks, "Retention of organs illegal and unethical," *The Times*, 31 January, 2001, 8.

³ "Pathologist may face prosecution," *Eastern Daily Press*, 31 January, 2001, 6.

during seven hundred post-mortems had ever been examined and he was accused of falsifying records, statistics and post-mortem reports.⁴

The shocking and abhorrent details which emerged during the enquiry were reported to have “reduced even senior civil servants to tears.”⁵ Alan Millburn, then Health Secretary, spoke of such “grotesque practices” being “unacceptable and shocking” and suggested that the medical profession’s behaviour was reminiscent of a secret society.⁶ Liam Donaldson, Chief Medical Officer, commented that “doctors [had] stripped body parts from patients” and hospitals had “ignored and deviated from the law.”⁷ North Norfolk MP David Prior compared the illegal operations at Alder Hey to “what was going on in a Nazi camp rather than an NHS hospital.”⁸ Hospitals and medical schools across Britain were found to have over one hundred thousand body-parts in storage, mostly uncatalogued, mostly obtained without informed consent of relatives and most never having been used in any form of research.

Across the country parents revealed their disgust; “to find out your child has been butchered is horrendous.”⁹ “Taking children’s organs without the parent’s consent is

⁴ Ian Cobain and David Lister, “Condemned doctor goes into hiding protesting innocence,” *The Times*, 31 January, 2001, 9.

⁵ Jo Ellis, “Betrayal of our trust,” *Eastern Daily Press*, 31 January, 2001, 8.

⁶ “Will the Alder Hey report lead to an anti-doctor backlash?” 30 January, 2001 [http://news.bbc.co.uk/1/hi/english/audiovideo/programmes/world_at_one/prog.../1144502.st, accessed 30 January, 2001]

⁷ Nigel Hawkes and Russell Jenkins, “Hospitals braced for anger over 1000,000 stored organs,” *The Times*, 31 January, 2001, 1.

⁸ David Winning, “Grim harvest,” *Eastern Daily Press*, 31 January, 2001, 1.

⁹ Cobain and Lister, “Condemned doctor goes into hiding protesting innocence,” 9.

like thieving...it is immoral, and indecent...this is not the Dark Ages.”¹⁰ The last seventeen months have been harrowing,” said one parent, and have had a “devastating effect.”¹¹ More surprisingly in our modern, secular society was the deeply felt need for completeness which exercised parents caught up in the Alder Hey scandal. It was reported that “some parents had exhumed their children three times to add missing organs in the deeply held belief that they will not be properly buried until their tiny coffins contain a complete set of organs.”¹² In their defence hospital officials claimed that their original intention had been to use the stored organs for research or educational purposes. But Redfern believed their actions would horrify the public and destroy trust between the medical profession and society.

Whilst the actions at Alder Hey caused considerable distress they were designed to provide a medical benefit. However other cases had more dishonourable aims. In the USA Michael Mastromarino, formerly a surgeon, bought over 1,400 corpses from funeral homes for \$500 each and systematically stripped them of bones, skin, arterial valves, ligaments and tendons with the sole intention of making money. Most famously he sold body-parts from the broadcaster Alistair Cooke for a total of \$11,000, falsifying documents about his age and cause of death. The broadcaster’s daughter, the Reverend Susan Kittredge, was deeply affected by what had happened, stating that her father

¹⁰ “I find it impossible to grieve properly,” *Eastern Daily Press*, 31 January, 2001, 7.

¹¹ “We are still waiting for a proper apology,” *Eastern Daily Press*, 31 January, 2001, 6.

¹² “Overwrought response”, *The Times*, 31 January, 2001, 21.

“didn’t like the idea of being cut up.”¹³ Eventually Mastromarino was found guilty of body-stealing and imprisoned.¹⁴

In Britain animal-rights activists removed the corpse of Gladys Hammond from St Peter’s churchyard, Yoxall, Staffordshire in 2004 to be held for ransom until her family agreed to cease breeding guinea pigs for use in vivisection. Following six years of abuse, death-threats and hundreds of protests held at Darley Oaks Farm it was the theft of Mrs Hammond’s corpse which finally led to the closure of the breeding centre. The family said that “the callous and depraved act of desecrating Gladys’ grave and removing her body was totally outrageous.”¹⁵ Detective Chief Inspector Nick Baker called it “a sick and depraved” act, whilst the Venerable Chris Liley, Archdeacon of Lichfield believed that “a line has been crossed in civilized society.”¹⁶ In sentencing four people for using Mrs. Hammond’s body to blackmail the family, Judge Michael Pert said they had “outraged public decency by their crime.”¹⁷

During this period artists have also used human body-parts in controversial, sometimes illegal, ways. In 1991 the artist Richard Gibson was accused of offending public decency when he used human fetuses of three to four months gestation to make a pair of

¹³ Martina Smit, “Alistair Cooke body snatch leader pleads guilty,” *Daily Telegraph*, 19 March, 2008 [<http://www.telegraph.co.uk/news/worldnews/1582092/Alistair-Cooke-body-snatch-le...>, accessed 22 December, 2008]

¹⁴ “Bodysnatch ring sold body-parts,” *Eastern Daily Press*, 24 February, 2006, 7.

¹⁵ “Four are jailed in grave theft case,” *Eastern Daily Press*, 12 May, 2006, 5.

¹⁶ “Protest ‘link’ to desecrated grave,” 8 October, 2004

[<http://news.bbc.co.uk/1/hi/england/staffordshire/3725702.stm>, accessed 10 October, 2005]

¹⁷ “Four are jailed in grave theft case,” 5.

earrings.¹⁸ In 1997 another artist, Anthony-Noel Kelly, used body-parts to create life-like sculptures. Advertisements for his exhibition caught the attention of Laurence Martin, Inspector of Anatomy. Suspecting the misuse of human body-parts Martin investigated and found that Kelly had abused the trust of the Royal College of Surgeons, where he had been given permission to sketch exhibits, by stealing around forty specimens. Kelly took casts of the human remains before burying some of them in the grounds of his Kent home and leaving the rest in the basement of a London flat. He was found guilty of theft and received a four and a half month prison sentence.¹⁹ Finally, Professor Gunther von Hagens used his invention of plastination to prepare human corpses for public display. He acknowledged that his exhibitions were arranged to gradually build up the emotional response of the viewer, beginning with preserved body-parts and culminating in, “most distressing of all”, the bisected cadaver of a pregnant woman with her uterus opened to show the eight-month foetus within.²⁰ Professor von Hagens claimed that all the complete corpses were freely donated for the purpose although some controversy remained over the source of the body-parts he displayed. His exhibition attracted protests wherever it was shown and upset many who visited with “its capacity to shock”.²¹

¹⁸ Tom Lewis, “Human Earrings, Human Rights and Public Decency,” *Entertainment Law*, 2 (2002): 53.

¹⁹ John Steele, “Second man held in ‘body-parts’ inquiry,” *Daily Telegraph*, 10 April, 1997 [<http://www.telegraph.co.uk/htmlContent.jhtml?html=/archive/1997/04/10/nbod10.html>, accessed 22 December, 2008]; “Man ‘stole body-parts’ for art,” 25 March, 1998 [<http://news.bbc.co.uk/1/hi/uk/68877.stm>, accessed 22 December, 2008]; “Pair jailed for stealing body-parts,” 3 April, 1997 [<http://news.bbc.co.uk/1/hi/uk/73463.stm>, accessed 22 December, 2008]

²⁰ Stuart Jeffries, “The naked and the dead,” *Guardian*, 19 March, 2002 [<http://www.guardian.co.uk/education/2002/mar/19/arts.highereducation/print>, accessed 22 December, 2008]

²¹ Jeffries, “The naked and the dead.”

In an inversion of the claim made by John Tosh that “the record of the past holds lessons for contemporary society,” and a similar view expressed by Steven King and Alannah Tomkins such revelations about the continued removal and use of human body-parts at the turn of the twenty-first century echo many of the concerns faced by medical practitioners and society during the nineteenth century.²² Despite the obvious distress shown in the above examples, instances of the unauthorised removal of body-parts, their dissection or exhibition without consent is now comparatively rare. However in the nineteenth century when urban populations in particular faced a real risk of their loved ones being taken by bodysnatchers to be used as anatomical material their fears were more real and possibly more intense than those experienced today.

It is the aim of this thesis to give a regional perspective on the complex question of how human cadavers could be legally sourced during the nineteenth century to provide the necessary material to facilitate medical education in East Anglia. The originality of my research is based in two areas; firstly I present a comprehensive account of Norfolk, Suffolk and Cambridgeshire bringing together the experience of the Anatomy Act in these counties in a way not previously attempted. Secondly I have identified seven distinct groups; bodysnatchers, teachers of anatomy, medical students, inspectors of anatomy, guardians of the poor, paupers and local government electorate, each of which have been considered in previous histories²³ but, for the first time, I bring all seven

²² John Tosh, *The Pursuit of History: Aims, Methods and New Directions in the Study of Modern History* (Harlow: Pearson Educational, 2002) 326; Steven King and Alannah Tomkins, *The Poor in England 1700 – 1850. An Economy of Makeshifts* (Manchester: Manchester University Press, 2003) 10.

²³ Sarah Wise, *The Italian Boy: Murder and Grave-Robbery in 1830s London* (London: Pimlico, 2005); Tim Marshall, *Murdering to Dissect* (Manchester: Manchester University Press, 1995); Brian Bailey, *The Resurrection Men* (London: MacDonald, 1991); R. C. Brock, *The Life and Work of Sir Astley Cooper*

together to explore the complexities of their relationships and the part each group played to allow an assessment of how successful the Anatomy Act was in fulfilling its intended function.

It was not until the publication of Ruth Richardson's seminal work, *Death, Dissection and the Destitute* in 1987 that bodysnatching and the Anatomy Act came under close scrutiny.²⁴ In a groundbreaking analysis she focused on the lead up to and the passing of the Act making use of cultural history to explore public attitudes to death and dissection. In particular she dealt with the first ten years of the Act's application but did not attempt to give a comprehensive history of its implementation over the rest of the century or explore in detail the complex workings of the Act. Richardson's research was mostly concerned with the situation in London and she admitted that "a great deal remains to be discovered" especially for the provinces through "detailed local studies."²⁵ This thesis focuses on the issues at a regional level as a comparison with Richardson's work on London. Her work confirms that the Act brought about the end of bodysnatching and, despite the difficulties experienced by the Inspectors of Anatomy, provided an adequate supply of corpses for London medical schools. I suggest that in contrast to her findings

(Edinburgh: E & S Livingstone, 1952); Humphry Rolleston, *The Cambridge Medical School* (Cambridge: Cambridge University Press, 1932); Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720 – 1911* (Cambridge: Cambridge University Press, 1994); M. Anne Crowther and Marguerite W. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge: Cambridge University Press, 2007); Peter W. J. Bartrip, "British Government Inspection 1832 – 1875: Some Observations," *The Historical Journal* 25, (1982) 605 - 626; Anne Digby, *Pauper Palaces* (London: Routledge and Kegan Paul, 1978); Steven King, "We Might be Trusted: Female Poor Law Guardians and the Development of the New Poor Law: The Case of Bolton, England, 1880-1906," *Internation Instituut voor Sociale Geschiedenis* 49, (2004); David Englander, *Poverty and Poor Law Reform in Nineteenth Century Britain, 1834 – 1914. From Chadwick to Booth* (London: Longman, 1998); Robert Lee, *Unquiet Country. Voices of the Rural Poor, 1820 – 1880* (Macclesfield: Windgather, 2005); John Benson, *The Working Class in Britain 1850 – 1939* (London: Longman, 1989).

²⁴ Ruth Richardson, *Death, Dissection and the Destitute* (London: Routledge and Kegan Paul, 1987).

²⁵ Richardson, *Death, Dissection and the Destitute*, xiv.

the Anatomy Act alone failed to provide sufficient corpses for medical education in East Anglia.

However the term 'local study' presents a range of difficulties, how local should it be? There were fifty-five poor law unions represented in Norfolk, Suffolk and Cambridgeshire following the Poor Law (Amendment) Act in 1834 (NPL) and a comprehensive analysis of all of their existing records would, as Steven King has stated, "be both considerable and beyond the scope of an individual researcher."²⁶ Yet to extend a 'local' study to the regional level does lead to the difficulty that any conclusions drawn may not be truly representative of the "incredible local diversity" found between individual unions.²⁷ Fiona Hutton, for example, chose two contrasting localities, Oxford and Manchester, in her review of the effect of the Anatomy Act on medical education to provide a contrast with Richardson's study of London.²⁸ Similarly Elizabeth Hurren has produced case studies which have each focused on a single provincial town.²⁹ Stella Butler's approach has been to assess changes in the requirements of medical education in three large urban centres, Leeds, Manchester and Liverpool, to provide a unified regional account.³⁰ This thesis builds on elements of these approaches but takes them further; it uses evidence from Norfolk, Suffolk and

²⁶ Steven King, *Poverty and Welfare in England 1700 – 1850. A Regional Perspective* (Manchester: Manchester University Press, 2000) 7.

²⁷ Ibid; Englander, *Poverty*, 84.

²⁸ Fiona Hutton, "The Working of the 1832 Anatomy Act in Oxford and Manchester," *Family and Community History* 9, (2006): 125 – 139.

²⁹ Elizabeth Hurren, "Whose Body is it Anyway? Trading the Dead Poor, Coroner's Disputes, and the Business of Anatomy at Oxford University, 1885 – 1929," *Bulletin of the History of Medicine* 82, (2008): 775 - 819; Idem, "A Pauper Dead House: The Expansion of the Cambridge Anatomical Teaching School under the late-Victorian Poor Law 1870 – 1914," *Medical History* 48, (2004): 69-94.

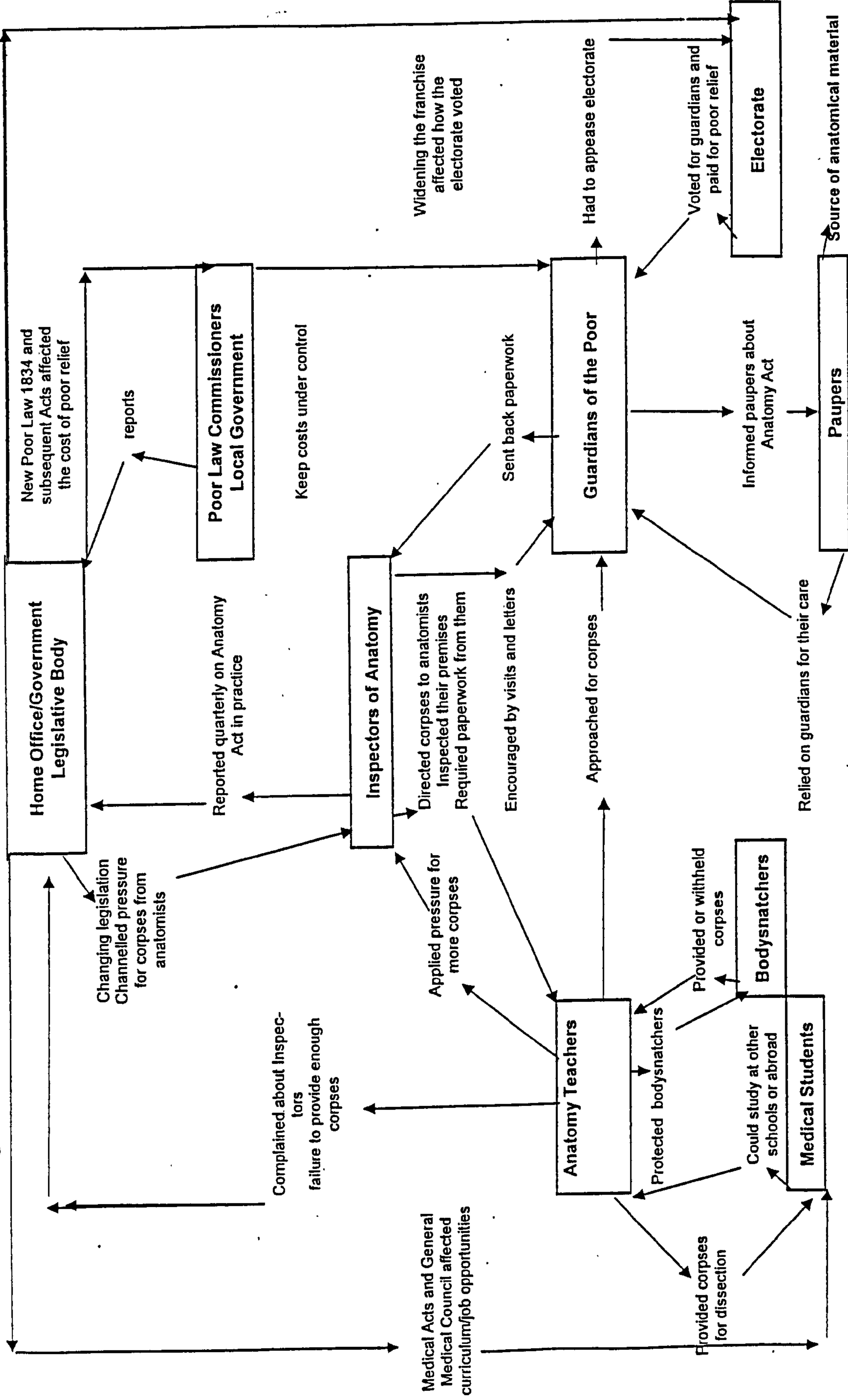
³⁰ Stella V. F. Butler, "A Transformation in Training: The Formation of University Medical Faculties in Manchester, Leeds and Liverpool, 1870 - 84," *Medical History* 30, (1986): 115-132.

Cambridgeshire, especially the Norwich, Great Yarmouth, Ipswich and Cambridge union archives, together with a case study of Cambridge Medical School to examine the effects of the Anatomy Act in East Anglia. This allows comparison with Richardson's conclusions, but also extends previous studies of provincial cities indicating the variation which occurs at local levels within a regional study, in the way that Steven King's work on welfare history has done.³¹

It would have been possible to have considered the Anatomy Act's influence in East Anglia from only one or two perspectives, for example the views of poor law guardians or medical students. However to look at the complicated question of cadaver supply from such a limited viewpoint would, I believe, have been inadequate in attempting to explain the complexity of the issues. As research progressed it became clear that a network of interactions developed between bodysnatchers, teachers of anatomy, medical students, inspectors of anatomy, guardians of the poor, paupers and the electorate and furthermore that the focus of power between them shifted during the course of the nineteenth century (see Figure 1.1). Before 1832 bodysnatchers provided the raw material with which teachers of anatomy could attract medical students to study in their schools. After 1832 inspectors of anatomy took over that role although, as will be shown, they faced considerable difficulties in fulfilling their duties. The Anatomy Act brought elected guardians of the poor, the local government electorate and paupers into the debate as it placed guardians in the position of having lawful possession of

³¹ King, *Poverty and Welfare*, 12.

Figure 1.1 Interactions of Interested Parties in the Functioning of the Anatomy Act



unclaimed pauper corpses and discretion over how to dispose of them.³² It will be shown in subsequent chapters how power moved between these groups and the way it limited or facilitated their ability to influence the course of the Anatomy Act at various times.

Although the idea of power relationships is usually associated with Michel Foucault³³ my work more closely follows that of Miles Ogborn and Felix Driver.³⁴ Ogborn suggested that state authority channelled through local representatives had been presented as being the root of power but he found that it was frequently fractured and contested. Similarly Driver viewed the Anatomy Act and the New Poor Law in particular as means whereby the power of the state was intended to be used to impose social and moral control on the populace but concluded that “the task of actually managing the new system was to be fraught with conflict.”³⁵ He highlighted the dichotomy between official intention and what actually occurred on the ground. Similarly in my study I show that the power which resided in central and local government officials could be undermined by the ability of *apparently* powerless groups. For example relatives of deceased paupers who lacked the means to provide for a burial themselves could call on mutually supportive networks to prevent the body

³² Throughout this thesis I use the term ‘pauper’ to refer to the group of people who were dependant on being given relief to survive and the term ‘poor’ for those who were self-supporting through their own labour.

³³ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (London: Penguin, 1977).

³⁴ Miles Ogborn, “Local Power and State Regulation in Nineteenth-century Britain,” *Transactions of the Institute of British Geographers* 17, (1992): 215-216; Felix Driver, *Power and Pauperism: the Workhouse System, 1834 – 1884* (Cambridge: Cambridge University Press, 1993).

³⁵ Driver, *Power and Pauperism*, 56.

being used for dissection, or electors could vote to prevent guardians from exercising their officially endorsed power to supply unclaimed corpses to anatomy schools.

In this thesis I provide an overview of the implementation of the Anatomy Act from 1832 to 1908 and the introduction of the Old Age Pension Act which provided the elderly poor with an alternative to dying on the parish and thus becoming a candidate for dissection.³⁶ Hennock has referred to ‘deserving aged paupers’ in his comparative study of the beginning of the welfare state in England and Germany, a category which indicates a sympathetic view of old age which does not sit easily with the notion of using this group of people for the purpose of anatomical study.³⁷ I consider the Act in relation to public attitudes to death and dissection, changing patterns of medical education and the care of the poor. While I agree that the Anatomy Act stopped the indiscriminate acquisition of corpses for use in the study of anatomy, I will argue that the central agencies set up by the Act failed to replace this supply with sufficient legally sourced corpses to satisfy the needs of medical education. It was only the extensive efforts of individual teachers, making local arrangements within the framework of the Act, which secured enough cadavers to supply the demands of medical education.

My initial purpose was to attempt to understand what the changes brought about by the Anatomy Act meant for the people who would furnish the material for the study of anatomy – that is those whose corpses were unclaimed by family or friends for burial.

³⁶ Englander, *Poverty*, 73 – 78; James Gregory, “Poverty from Workhouse to the Welfare State,” *History Today* 58, (2008): 44 – 52.

³⁷ E. P. Hennock, *The Origin of the Welfare State in England and Germany, 1850 – 1914 Social Policies Compared* (Cambridge: Cambridge University Press, 2007): 217 – 223.

Although, in theory, this could mean unclaimed corpses from any level of society, in practice almost all anatomical material came from paupers who were dependant on poor relief for their survival. Yet, like Hurren and King, I found “seldom in the current literature do we hear their voices or feel the immediacy of their experience.”³⁸ Similarly Wise has referred to this section of society as “persons unknown – an enigma for the social historian: a deafening silence that roars down the centuries.”³⁹ It soon became clear that I would need to widen the scope of my research. I have followed the debate across local and national boundaries in order to establish in Chapters 2 and 3 the framework within which the Anatomy Act functioned so that in subsequent chapters I could focus on the effects of the Act in East Anglia.

My methodology has been to consult as wide a range of documents as possible from parliamentary papers to local government records; from national newspapers to local ones; from learned journals to novels; from private diaries to public broadsheets, poems and songs. I have used materials held in the National Archive, Kew, and the Norfolk, Suffolk and Cambridgeshire local archives. As John Tosh has shown “there is no substitute for the painstaking accumulation of evidence from the record sources of the period.”⁴⁰ Each of these sources while providing much have their limiting factors, nuanced by the use the author intended for them, but by relating the information they contain across the genres it is possible to gain a sense of the experience of the Anatomy Act for each of the groups involved.

³⁸ Elizabeth Hurren and Steven King, “Begging for a burial: form, function and conflict in nineteenth-century pauper burial,” *Social History* 30, (2005): 323.

³⁹ Wise, *Italian Boy*, xvii.

⁴⁰ Tosh, *Pursuit of History*, 65.

The National Archive at Kew houses the records of the Anatomy Office which was part of the Ministry of Health and contains copies of letters sent out by inspectors of anatomy.⁴¹ They open a window onto the day to day business of the inspectors, addressing complaints by teachers of anatomy over the shortage of corpses for use in their schools or their dissatisfaction with the way inspectors shared out the available bodies. Other letters were sent as reprimands for laxity on the part of the teachers in returning the necessary paperwork within the prescribed time limits. These letters are used to show how abuses of Anatomy Act regulations impacted on the supply of corpses. Indirectly they indicate the attitude of officials and medical practitioners towards paupers showing them to be reduced to statistics, recorded and argued over by competing schools, thus dehumanising them to anatomical material.

From these sources we can also learn something about the difficulties inspectors faced as they tried to implement the Anatomy Act. The correspondence between inspectors and the Home Secretary are preserved in the Home Office records.⁴² Of particular interest are the instructions to new inspectors detailing what was expected of them and the emphasis placed on the need for secrecy in the operation of the inspectorate, a point successive Home Secretaries continued to stress throughout the century. These records point to the interesting anomaly that whereas the Anatomy Office letters indicate that paupers were little regarded as individuals, the Home Office correspondence shows that making public use of them for dissection had the potential to disrupt the smooth

⁴¹ Anatomy Office Correspondence, 1832 – 1903, MH10/36; MH74/10-12, 15, 36-38, National Archive, London.

⁴² Home Office Correspondence, 1832 – 1903, HO44/26, 31-32, 37; HO45/189-191, 887, 1319A, 2738, 3202, 3618, 4884, 5297, 6520, 6521, 9886/B16860, 10062/B294; HO83/1-3, National Archive, London.

operation of the Anatomy Act. Therefore not only do these central records make available extensive information on the administration of the Act they also provide evidence for attitudes towards paupers.

Documents preserved in County Record Offices have enabled me to move the focus of this study from the national to the regional, from the metropolitan to the provincial in order to consider the Anatomy Act and its effect in East Anglia. Chief amongst the records consulted are minute books of the meetings of boards of guardians of union workhouses. These provide an in depth account of the decisions which influenced the lives and deaths of countless inmates of the workhouses. Meeting regularly, the discussions of the guardians reveal their attitude towards the poor in their care. They also show that many factors worked to influence their decisions regarding the fate of unclaimed corpses and how the change of just a few members of the board could impact on these decisions. King and Tomkins have stressed the limitations of recorded minutes, in particular that they provide one-sided accounts recording, as they do, the debates of the guardians but rarely any responses to their views. However, occasionally, as seen in the records of the Norwich Union, correspondence has been recorded from all parties which then provided a valuable insight into “poor people’s circumstances.”⁴³

⁴³ King and Tomkins, *Poor in England*, 15; Norwich Union Board of Guardians Minutes, 19 September, 1872, N/TC 3/9, Norfolk Record Office, Norwich.

Within most series of historical records one finds gaps, a fact highlighted by Jonathan Reinarz.⁴⁴ However I have been fortunate in being able to consult a complete set of records for the Norwich Union workhouse covering the period 1834 – 1907.⁴⁵ In contrast, much of the local history archive held at the Town Hall in Great Yarmouth was destroyed during air raids in the 1940s leaving a fragmented series of records from the guardians of the workhouse covering 1837 - 1861 with a break until 1889 - 1891.⁴⁶ Such gaps in the official records have been supplemented by recourse to other sources. Editorials and letters in national and local newspapers help to show which issues were of public interest. Lee has emphasised the role local newspapers played in spreading information amongst the poor.⁴⁷ Similarly Tosh has stated that the “most important published primary source for the historian is the press,” because there can be found the political and social views which were making the most impact, a day to day record of events and in-depth articles.⁴⁸ I have made use of newspaper articles to ‘fill in the gaps’ and to gain a greater breadth of opinion than that expressed in official records.

Articles in medical journals, such as the *Lancet*, provide additional information regarding significant individuals, establishments and events. Through the use of diaries and autobiographies much useful material has been gathered. Whilst being alert to the original purpose of any publication since, as emphasised by Martin Hewitt, no one diary or autobiography can be considered to represent the views of the entire cohort of

⁴⁴ Jonathan Reinarz, “Unearthing and Dissecting the Records of English Provincial Medical Education, c. 1825 – 1948,” *Social History of Medicine* 21, (2008): 381-392.

⁴⁵ Norwich Union Board of Guardians Minutes, 1834 – 1902, N/T 3/1-16.

⁴⁶ Great Yarmouth Union Board of Guardians Minutes, 1837 - 1891, Y/WE 69-72, Norfolk Record Office, Norwich.

⁴⁷ Lee, *Unquiet Country*, 60.

⁴⁸ Tosh, *Pursuit of History*, 63.

medical men, it is nevertheless of immense value to be able to consult the writings of men who lived through the debates concerning the use of human corpses in medical education and assess their experiences against other records.⁴⁹ By using a wide range of sources I hope to overcome the problems Tosh highlighted when he recorded that “the majority of sources are in some way inaccurate, incomplete or tainted by prejudice and self-interest.”⁵⁰ By comparing evidence from many sources inconsistencies can be revealed, information checked and educated inferences drawn however it must always be remembered when looking at them as evidence of the views of paupers and the poor that, as Hurren and King emphasis “these sources are one step removed from the words and lives of poor people.”⁵¹

What is clear from the historiography is that until recently, few studies have built on the foundation Richardson laid in her work on the Anatomy Act. Where the Act is mentioned substantial connections are rarely made between it and the poor laws, medical acts or changing attitudes towards paupers and the poor.⁵² The exception to this can be seen in the research of Hurren and Hutton.⁵³ Both these historians have taken Richardson’s argument and developed it. Hurren investigated the link between cadaver acquisition and the role played by teachers of anatomy following the Anatomy Act, an

⁴⁹ Martin Hewitt, “Diary, Autobiography and the Practice of Life History,” in *Life Writing and Victorian Culture*, ed. David Amigoni (Aldershot: Ashgate, 2006) 21-39; Tosh, *Pursuit of History*, 92; Lynn Hollen Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700 – 1948* (Cambridge: Cambridge University Press, 1998): 360.

⁵⁰ Tosh, *Pursuit of History*, 98.

⁵¹ Hurren and King, “Begging for a burial,” 323.

⁵² Brian Turner, *Medical Power and Social Knowledge* (London: Sage, 1987); David G. Jones, *Speaking for the Dead: Cadavers in Biology and Medicine* (Aldershot: Dartmouth Publishing, 2000); Jennifer Green and Michael Green, *Dealing with Death: Practices and Procedures* (London: Chapman and Hall, 1992); Lees, *Solidarities of Strangers*; Englander, *Poverty*; Benson, *The Working Class*.

⁵³ Hurren, “Whose Body is it Anyway?”; Idem, “A Pauper Dead House”; Hutton, “Anatomy Act in Oxford and Manchester.”

area I have built on in this thesis in my case study of the Cambridge Medical School and its relationship with, in particular, the guardians of the Ipswich, Norwich and Great Yarmouth Unions. Hutton's research has progressed in parallel to mine and develops from the same foundation. Where the focus of our research deviates is Hutton focuses on two contrasting centres of medical education, Oxford and Manchester, while my research deals with all aspects of the effect of the Anatomy Act within a regional study. Such research stands in contrast to most of the historiographical literature which tends to focus on one particular aspect of the issues dealt with in this thesis.

To understand why the Anatomy Act was considered necessary it is essential to establish how corpses for dissection were obtained in the early nineteenth century. Wise approached the subject of the supply of anatomical material through a single case, that of the burking of the Italian boy, Carlo Ferrari in 1831.⁵⁴ In providing an extremely detailed account Wise has been able to ascertain the extent of opposition to London anatomists and the risk doctors ran of exposure and attack in their pursuit of knowledge of the human form. She has provided a framework for London on which I build to understand the perception of bodysnatchers and burkers in provincial England. Wise firmly places the pressure for legislation as arising from the panic caused by the revelation that burking was occurring in London. She has shown, as I do, that the murders undertaken by William Burke and William Hare in Edinburgh were not sufficient to push through legislation to provide a legal source of cadavers for anatomical study. Her extensive use of verbatim court reports and private letters provide

⁵⁴ Wise, *Italian Boy*.

an insight into the language and thought of the nineteenth century working classes in a way few other accounts have achieved. ⁵⁵

Tim Marshall has explored the impact of the Anatomy Act on the medical profession observing the link between the low public standing of the medical profession in the early nineteenth century with their “reluctant but necessary trade complicity” with bodysnatchers which he saw as holding the profession back from achieving the social status it craved. ⁵⁶ Marshall concluded that the Anatomy Act was essential in breaking this link between medical practitioners and resurrectionists and that the legislation of 1832 was successful in bringing to an end the bodysnatching trade. Brian Bailey reached a similar conclusion, although he makes it clear that, with a topic as controversial as the dissection of human corpses, achieving successful legislation was going to necessitate compromise. Bailey’s judgement of the Anatomy Act was that it was the best that could be achieved at the time and was indeed successful in ending bodysnatching but since it was a permissive act the uncertainty it engendered over the supply of corpses continued to hinder the study of anatomy for the rest of the century. ⁵⁷

The Anatomy Act had a profound impact on the teaching of medicine. It put an end to the open market of corpse supply and required teachers of anatomy and surgery to apply for corpses via the newly created anatomy inspectorate. As a national Act it impacted across the country and yet few historians have explored the role of the Anatomy Act on

⁵⁵ Ibid, 169.

⁵⁶ Marshall, *Murdering to Dissect*, 20.

⁵⁷ Bailey, *Resurrection Men*, 156.

teaching across Britain.⁵⁸ The impact of the Anatomy Act, in conjunction with changes in the curriculum which required more practical dissection, has only thus far been studied through individual schools.⁵⁹ Butler has shown how legislation reformed professional training in Manchester, Leeds and Liverpool in the later nineteenth century at the same time indicating the difficulties provincial medical schools had in sourcing sufficient cadavers.⁶⁰ Mark Weatherall concentrated on the difficulties experienced by the Cambridge Medical School,⁶¹ Hurren has researched the acquisition of anatomical material at Cambridge and Oxford Universities' Anatomy Departments,⁶² and Hutton has looked at Oxford and Manchester.⁶³ This thesis contributes to the literature by investigating the impact of the Anatomy Act across East Anglia.

Broader accounts of medical education in the nineteenth century have little to say about the impact of the Anatomy Act. Contributors to *British Medicine in an Age of Reform* focused on the increasing demand for corpses as the study of medicine became more science based.⁶⁴ Similarly Digby, studying the developing role of general practice in the second half of the nineteenth century, has shown the importance of well qualified

⁵⁸ Thomas N. Bonner, *Becoming a Physician: Medicine in Great Britain, France, Germany and the United States 1750 – 1945* (New York: Oxford University Press, 1995); William F. Bynum, *Science and the Practice of Medicine in the Nineteenth-Century* (Cambridge: Cambridge University Press, 1994); S. W. F. Holloway, "The Apothecaries' Act, 1815: A Reinterpretation, Part 1: The Origins of the Act," *Medical History* 10, (1966): 107-129; Anne Digby, *The Evolution of British General Practice 1850 - 1948* (Oxford: Oxford University Press, 1999); Roger French and Andrew Wear, eds. *British Medicine in an Age of Reform* (London: Routledge, 1991).

⁵⁹ Butler, "Transformation in Training," 115-132; Arthur Rook, Margaret Carlton and Graham W. Cannon, *The History of Addenbrooke's Hospital, Cambridge* (Cambridge: Cambridge University Press, 1991); Mark Weatherall, *Gentlemen, Scientists and Doctors: Medicine at Cambridge 1800 – 1940* (Woodbridge: The Boydell Press, 2000); Hutton, "Anatomy Act in Oxford and Manchester."

⁶⁰ Butler, "Transformation in Training", 132.

⁶¹ Weatherall, *Gentlemen, Scientists and Doctors*, 80.

⁶² Hurren, "Whose Body is it Anyway?" 775 – 819; Idem, "A Pauper Dead House," 69 – 94.

⁶³ Hutton, "Anatomy Act in Oxford and Manchester," 125 – 139.

⁶⁴ French and Wear, *British Medicine*, 1-4.

medical practitioners but has not focused on the Anatomy Act's part in achieving this.⁶⁵ Both Jeanne Peterson and Keir Waddington have linked the changes legislation brought to the structure of medical education with the experiences of medical students.⁶⁶ Waddington adopted a sociological approach to the 1858 Medical Act believing it was viewed as disappointing by its contemporaries because it failed to outlaw quackery or significantly alter the influence of the old Corporations.⁶⁷ Peterson concurred with this view.⁶⁸ Both however described legislation as setting new requirements for medical students by increasing the amount of practical anatomy, introducing new subjects and extending the period of study necessary to qualify as a medical practitioner. The new structure imposed on training directly influenced the behaviour and character of medical students and by the late nineteenth century they had been reinvented so that they "reflected the values associated with the professional gentleman."⁶⁹ Despite the developing professionalism of medical practitioners in the nineteenth century, it can be seen from the work of Sean Burrell and Geoffrey Gill that they were still often regarded with distrust. Burrell and Gill have commented on the relationship between the opening of the first cholera hospitals in 1832 and the passing of the Anatomy Act, (see Chapter 2 for further discussion of this topic), where they suggest there was a widely held view

⁶⁵ Digby, *Making a Medical Living*; idem, *British General Practice*.

⁶⁶ M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978); Keir Waddington, *Medical Education at St. Bartholomew's Hospital 1123 – 1995* (Woodbridge: Boydell Press, 2003).

⁶⁷ Waddington, *Medical Education*, 76.

⁶⁸ Peterson, *Medical Profession*, 34.

⁶⁹ Keir Waddington, "Mayhem and Medical Students: Image, Conduct, and Control in the Victorian and Edwardian London Teaching Hospital," *Social History of Medicine* 15, (2002): 45-64; Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge: Cambridge University Press, 1996): 18.

that sick people were forced into the hospitals with the direct intention to use them for dissection.⁷⁰

The Anatomy Act made unclaimed corpses the only viable legal source of human anatomical material for use in medical education after 1832.⁷¹ Although in theory any unclaimed corpse could be used for dissection it was, in fact, the corpses of paupers which provided material to the medical schools. The relevance of the NPL of 1834 to this research is that by reducing out relief and so placing more paupers into union workhouses, reducing poverty to pauperism, it facilitated the use of their corpses for dissection.⁷² The mechanism of the Anatomy Act enabled poor law unions to ‘sell’ unclaimed corpses to teachers of anatomy avoiding the expense of a pauper funeral and so keeping poor rates lower than otherwise would have been the case. Hennock claimed that “the changes of 1834 were ... more effective in centralising power at Union and county level than in centralising it in London.”⁷³ This view is supported by my research of boards of guardians in East Anglia who frequently conducted their union’s business with little reference to central authority.

⁷⁰ Sean Burrell and Geoffrey Gill, “The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection – Medical Mistrust and Civil Unrest,” *Journal of the History of Medicine and Allied Sciences* 60, (2005): 478 – 498.

⁷¹ Personal bequests remained an alternative legal source of material but, as discussed in Chapter 2, bequests were very few and infrequent.

⁷² Englander, *Poverty*, 7; Alan Kidd, *State, Society and the Poor in Nineteenth-Century England* (Basingstoke: Macmillan, 1999): 3 – 4.

⁷³ Hennock, *Origin of the Welfare State*, 32.

There have been many studies written which look at the effect of Poor Law legislation on the lives of paupers,⁷⁴ but it is particularly in the work of Hurren that the Anatomy Act and the Poor Laws are brought together.⁷⁵ In *Protesting About Pauperism* she has shown that changes to poor law regulations in the 1870s encouraged unions in Northamptonshire to use the Anatomy Act as a means to reduce the number of pauper funerals and thus the burden on local tax-payers by supplying corpses for dissection. As she wrote “the economic interests of the Poor Law authorities, asylums and anatomists converged to the detriment of the poor.”⁷⁶ Hurren’s research points to the unintentional way that two separately conceived pieces of legislation were combined. Echoing Richardson’s earlier view Hurren also suggested that further regional research is required in order to gain a complete picture of the anatomical foundation of medical education. To achieve this she proposed that medical historiography needs to move out from its insular world and take further account of the changes in poor law on the supply of corpses.⁷⁷

Equally there is little written on the legal provision of cadavers outside Britain. However a review of what is available is important because it allows a comparison to be made with the alternative methods used to solve the problem of obtaining corpses in America

⁷⁴ King, *Poverty and Welfare*; Hurren and King, “Begging for a burial.”; Lee, *Unquiet Country*; King and Tomkins, *Poor in England*; Lees, *Solidarities of Strangers*; Kidd, *State, Society and the Poor*; Englander, *Poverty*; Gregory, “Poverty”; Digby, *Pauper Palaces*; John Knott, *Popular Opposition to the 1834 Poor Law* (London: Croom Helm, 1986); Driver, *Power and Pauperism*; E. P. Hennock, *Fit and Proper Persons. Ideal and Reality in Nineteenth-Century Urban Government* (London: Edward Arnold, 1973).

⁷⁵ Elizabeth Hurren, *Protesting About Pauperism: Poverty, Politics and Poor Relief in Late-Victorian England, 1870 – 1900* (Woodbridge: Boydell Press, 2007).

⁷⁶ Ibid, 192.

⁷⁷ Hurren, “A Pauper Dead House: The Expansion of the Cambridge Anatomical Teaching School under the late-Victorian Poor Laws, 1870 – 1914.” *Medical History* 48, (2004): 69-94.

and continental Europe. Such comparisons help in evaluating the impact of the Anatomy Act in Britain. Michael Sappol has researched the question of the supply of corpses and the progress of legislation in America. Unlike Britain, America did not have a universal Anatomy Act, each state developed its laws unilaterally so that the long history of legislation controlling bodysnatching began in 1789 (New York) and continued until 1947 (Tennessee).⁷⁸ Speaking of both the 1832 Anatomy Act and the situation in America Sappol claimed that the use of the poor was unethical and exploitative. He called the lack of informed consent for the use of cadavers “an historical atrocity which can never be bypassed or ignored,” as such “many of the gains of the past were built on them and hence have unethical foundations.”⁷⁹ In her article on anatomy in Vienna, Tatjana Buklijas has shown that in contrast to Britain and the United States that city maintained “an enviable supply of cadavers” due to “the tolerant stance of the Roman Catholic Church, strong links to Southern Europe, and the weak position of individuals in [an] absolutist state.”⁸⁰

Clearly then although many historians have touched on the Anatomy Act whilst discussing a particular issue or have dealt with it as part of a wider study, with the exception of Richardson, Hurren and Hutton it has not been the main focus of their work. Drawing on all the sources discussed above I aim to fill a gap in the knowledge of the working of the Anatomy Act in the provinces, in this case East Anglia. Although 1

⁷⁸ Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton: Princeton University Press, 2002) 123-124.

⁷⁹ Sappol cited in Jones, *Speaking for the Dead*, 47.

⁸⁰ Tatjana Buklijas, “Cultures of Death and Politics of Corpse Supply: Anatomy in Vienna, 1848 – 1914,” *Bulletin of the History of Medicine* 82, (2008): 570-607.

August 1832 marked the passing of the Anatomy Act and the nominal starting date of this study I believe it is necessary to explore the background to such an original and complex piece of legislation in order to place it in the cultural, medical and social mores of the 1830s. Chapter 2 establishes the fundamental importance of human anatomy to the study of medicine and therefore the need for a supply of corpses to fulfil that requirement and how they were obtained prior to 1832. It reviews the role played by bodysnatchers, the revulsion expressed against dissection and the way in which MPs and other interested parties sought to resolve the supply issue, culminating in an explanation of how and why the Anatomy Act came into being. By exploring how the Act worked on paper it allows a comparison to be made with how the Act worked in practice.

Subsequent chapters concentrate on exploring the role played by the seven groups I have identified above, how they interacted under the terms of the Anatomy Act and how their activities affected medical education in East Anglia. First by concentrating on individual groups I seek to establish their unique contribution to the study of anatomy in the nineteenth century. Then by building up a picture of their relationship to each other I aim to show how solving the problem of supplying sufficient human cadavers for the purpose of medical education could only be achieved if these groups worked together. So long as any one group challenged the provisions of the Anatomy Act its success was put in jeopardy.

The Anatomy Office's archives indicate that in practice inspectors of anatomy, the subject of Chapter 3, found it incredibly difficult to fulfil the intentions of the

legislation. Peter Bartrip, who has studied later inspectorates, concluded that the importance of inspectorates has been exaggerated: in most instances their resources were inadequate to allow them to effectively enforce regulations. This view fits well with the conclusions I draw with regard to the inspectors of anatomy and their inability to satisfactorily police the Anatomy Act.⁸¹ Their role had to be developed, without precedent, in the face of antagonism from established factions. Riots, scandals and the perpetual shortage of corpses dogged successive inspectors in fulfilling their role whilst government imposed secrecy stifled the development of the Anatomy Act.

Chapter 4 marks the shift in emphasis of this thesis, from exploring the background and establishment of the administration of the Anatomy Act, to considering how it was experienced in provincial East Anglia. By studying diaries and autobiographies of medical students and practitioners rather than the history of legislation, I have been able to explore the practical impact the Anatomy Act had on their studies. Between the anecdotes, which vividly bring to life the sights and smells of the dissecting rooms of the nineteenth century, there is a record of the cost of a medical education, changes in the subjects studied and the subtle alterations in the character of medical students over the course of the century. They also provide evidence for the continuing importance of anatomical studies within medical training. These insights show that legislation had a direct impact on the number of cadavers required to allow students to achieve sufficient experience of practical dissection in order to qualify, so putting further pressure onto teachers, inspectors and guardians to try to fulfil this demand.

⁸¹ Bartrip, "British Government Inspection," 605.

To show the effect of the Anatomy Act on medical teaching in the provinces Chapter 5 presents a case study of the Cambridge Medical School, the only continuous centre of medical education in East Anglia during the nineteenth century. From the earliest days of the Anatomy Act it struggled to obtain sufficient corpses for its medical students. I have shown that only through the strenuous efforts of professors of anatomy in making independent arrangements with many boards of guardians, with minimal assistance from the inspectorate, was the school able to function. A detailed examination of the archives held at the Cambridgeshire Record Office served to indicate just how large a geographical area was trawled for bodies by Professors Humphry and Macalister in order to give their medical school the best chance of success. In this chapter the response of the Guardians of the Norwich Union workhouse is thoroughly discussed to show how some guardians resisted lawful requests for pauper corpses from teachers of anatomy.

Chapter 6 turns the attention to the chief source of the unclaimed poor, the union workhouses. Changes in the Poor Law in 1834 led to an increased number of paupers being concentrated in the new union workhouses. This chapter considers the reaction to these changes and what they meant for the supply of human cadavers for medical education. Earlier poor law historians agreed that the NPL was universally disliked by the poor and the link it and the Anatomy Act made between poverty and dissection led to riots which caused damage to the new workhouses and led to personal attacks on poor

law officials.⁸² Lee, for instance, considered the NPL as “pernicious and repressive.”⁸³

Similarly Kidd notes that “the history of the NPL in its first twenty years is one of conflict.”⁸⁴

In recent research a more nuanced response to the NPL has emerged.⁸⁵ Hurren and King in “Begging for a burial,” have shown, for example, that pauper funerals were actively sought by families too poor to bury their dead.⁸⁶ This view is in direct contrast to the historiographical literature which generally tends to show that pauper funerals were considered to be the ultimate sign of failure and a cause for shame.⁸⁷ In another departure from earlier opinions David Green has indicated that those using the workhouses had a good understanding of the poor law and their entitlements under it. He shows that rather than fearing the workhouse the poor, especially those who were seasonal paupers - in particular labourers who worked the land and were laid off during the winter months - used the support offered in a calculated way to maintain their independence for the rest of the year.⁸⁸

In some unions, pressure to maintain low poor-rates saw guardians keen to avoid the cost of burial by supplying the anatomy teachers. However I show that in East Anglia a

⁸² Lees, *Solidarities of Strangers*, 164; Adrian Desmond, *The Politics of Evolution. Morphology, Medicine, and Reform in Radical London* (Chicago: University of Chicago Press, 1989): 125; Englander, *Poverty*, 32; Gregory, “Poverty,” 45.

⁸³ Lee, *Unquiet Country*, 22.

⁸⁴ Kidd, *State, Society and the Poor*, 30.

⁸⁵ King, *Poverty and Welfare*, 231; King and Tomkins, *Poor in England*, 4.

⁸⁶ Hurren and King, “Begging for a burial,” 332.

⁸⁷ Richardson, *Death, Dissection and the Destitute*, 274; Laurence Lerner, *Angels and Absences: Child Deaths in the Nineteenth-Century* (Nashville: Vanderbilt, 1997): 12; Robert Southey, *The Poetical Works of Robert Southey* (London: Longman, Orme, Brown, Green and Longmans, 1837): 216 – 217.

⁸⁸ David R. Green, “Pauper protests: power and resistance in early nineteenth-century London workhouses,” *Social History* 31, (2006): 146 – 154.

number of boards of guardians exhibited strong paternalistic concerns for ‘their’ poor, refusing to send unclaimed corpses for dissection. Attitudes within unions could alter quickly reflecting the views of the electorate, the changing composition of the boards of guardians, and the introduction later in the century of women and working-class guardians.⁸⁹ This could result in the abrupt cessation of the supply of corpses so that anatomy teachers had to begin their search all over again.

Having considered in turn the part played by bodysnatchers, anatomists, medical students, inspectors of anatomy, guardians of the poor, paupers and the electorate, in Chapter 7 I bring together the roles of each of the groups to show the shifting power relationships which occurred between them over time and how they influenced each other and the implementation of the Anatomy Act throughout the nineteenth century. In an attempt to indicate which of the groups can ultimately be considered the most powerful in determining the level of success of the Act in East Anglia I move away from the work of earlier historians and present a unique conclusion which endeavours to contribute to that area of history which Richardson said could only “be accomplished by detailed local studies.”⁹⁰

⁸⁹ Hennock, *Origin of the Welfare State*, 68.

⁹⁰ Richardson, *Death, Dissection and the Destitute*, xiv.

Chapter 2

Bodysnatching and the Anatomy Act

In Britain, prior to 1832, the chief source of anatomical material was the corpses of those taken from their graves by bodysnatchers, after 1832 it became the cadavers of unclaimed paupers who ‘died on the parish.’¹ The issues surrounding bodysnatching and the supply of cadavers for medical education are well known particularly through the work of Ruth Richardson, Elizabeth Hurren, Fiona Hutton, Gareth Jones, Michael Sappol and Brian Bailey whilst many others have contributed to the debate in more specific areas which will be considered in later chapters.²

Richardson offers the most complete discussion of the Anatomy Act but concentrates less well on regional differences in its implementation. Her findings for London indicate that the number of corpses supplied through the legitimate route barely matched that achieved through the association of anatomists with bodysnatchers prior to the Anatomy Act, and that as the century progressed in general cadaver acquisition remained an area of contention between the Anatomy Inspectorate and teachers of anatomy.³ This finding has generally been borne out through the few regional or local studies thus far completed. In her review of the role of the Anatomy Act in Manchester and Oxford

¹ Desmond, *Politics of Evolution*, 157.

² Richardson, *Death, Dissection and the Destitute*; Hurren, *Protesting About Pauperism*; idem, “A Pauper Dead House”; Hutton, “Anatomy Act in Oxford and Manchester”; Jones, *Speaking for the Dead*; Sappol, *Traffic of Dead Bodies*; Bailey, *Resurrection Men*.

³ Richardson, *Death, Dissection and the Destitute*, 216 – 279.

Hutton acknowledges Richardson's conclusion that the Anatomy Act did not "immediately free up large numbers of cadavers, despite the fear of the poor."⁴ Building on this Hutton showed that private medical schools such as that in Manchester could overcome the disadvantage they suffered in sourcing corpses by merging with larger educational establishments,⁵ whilst she placed the failure of the medical school in Oxford to develop down to its inability to adapt to changes in corpse acquisition.⁶ Although agreeing with Richardson and Hutton that the Anatomy Act did not, in its early days, provide any more corpses than bodysnatching had previously done in London or the provinces before 1832, my research into the situation in East Anglia will show that, in contrast to some studies, the Anatomy Act *never* satisfied the need for corpses by schools of anatomy in that region.

The later problems associated with trying to find a reliable source of material for dissection have been considered by Hurren in relation to both Cambridge and Oxford Medical Schools at the end of the nineteenth century.⁷ Whilst broadly in agreement with Richardson she places greater emphasis on the role of individuals in the overall success of maintaining or developing the level of cadaver supply in the same way that my research into the relationship between Professors of Anatomy at Cambridge and poor law guardians in East Anglia has indicated.

⁴ Hutton, "Anatomy Act in Oxford and Manchester," 125.

⁵ Ibid, 139.

⁶ Ibid, 138.

⁷ Hurren, "A Pauper Dead House," 69 – 94; Idem, "Whose body is it anyway?" 775 – 819.

In the work of both Sappol and Jones the role of the Anatomy Act in institutionalizing corpse supply has been looked at with regard to its social implications. Sappol has suggested that it was “socially divisive” and provided an “unethical foundation” to the study of medicine.⁸ Similarly in showing that there remained an acute shortage of corpses for medical use throughout the nineteenth century Jones emphasised the complicity of “society and the medical professions willingness to utilize bodies” of the poor, or mentally ill, as placing a greater value on the educational role of dissection than the autonomy of the “disadvantaged in society.”⁹

Each of these historians has shown that unclaimed paupers provided the bulk of anatomical material. Whilst my research leads to the same conclusion it is necessary to look at the issues again in order to understand the shape of the legislation and the intentions of those who framed the bill to provide a context for the operation of the Anatomy Act. For example Richardson interpreted the framing of the Anatomy Act as a measure to put an end to bodysnatching, a supposedly indiscriminate source of cadavers, and to furnish anatomical schools with the material they required by using “the poor [who] were classed alongside ‘the worst of criminals,’ as potential subjects for dissection.”¹⁰ I expand on this interpretation by looking at the semantics of successive anatomy bills where the emphasis moved from the source of anatomical material, which focused attention on the use of paupers in place of criminals, to regulating schools of anatomy with all the positive implications their improvement would have for the whole

⁸ Sappol cited in Jones, *Speaking for the Dead*, 46 – 47.

⁹ Jones, *Speaking for the Dead*, 64.

¹⁰ Richardson, *Death, Dissection and the Destitute*, 114.

of society. The Anatomy Act set up a system for the supply of unclaimed pauper corpses from poor law unions via the anatomy inspectorate to schools of anatomy. It put in place regulations to control this supply and defined the role of each of the participants. This chapter shows how surgeons and bodysnatchers controlled the supply of cadavers before the Act and goes on to consider the function of the Anatomy Act *in theory*, how it gave responsibility over the care and ownership of cadavers to new groups – inspectors, guardians and the poor themselves, whilst later chapters will look at how the Anatomy Act worked *in practice*.

It has often been assumed that the Act, designed to legalise the supply of cadavers, was a response to the murders carried out in 1828 by William Burke and William Hare to supply the Edinburgh anatomist Robert Knox with bodies.¹¹ However it will be shown that the Select Committee on Anatomy collected their evidence and published their report at least three months before the murder of Mary Docherty became known and Burke indicted. The original impetus for an Anatomy Act had not been dependent on the phenomenon known as burking, but was the result of a complex array of pressures which had begun to be voiced much earlier by medical practitioners, teachers and students who wished to pursue medical education unencumbered by the fear of prosecution and by a public who wanted reassurance that graves would remain inviolate.

Central to any discussion of dissection is the issue of the fear it generated. Undoubtedly individuals within all sections of society feared bodysnatching and subsequent

¹¹ C. L. Lewes, *Dr. Southwood Smith: A Retrospect* (Edinburgh: Wm Blackwood & Sons, 1898) 40; Green and Green, *Dealing with Death*, 85.

dissection. Richardson suggested that there was a strong and deeply held antipathy to “the violation of the grave [which] was evident at all levels of society,”¹² that “feelings against dissection spanned class barriers,” reflecting a fundamental similarity in response between rich and poor.¹³ Contemporary views support this claim. In an article first published in the *London Medical Gazette* in 1828 and reprinted in *The Times* the feelings against dissection were described as “a repugnance which is by no means limited to the lower classes of the community, but which at present pervades nearly all classes.”¹⁴ Whilst in 1832 William Roberts, a London surgeon and opponent of the Anatomy Act stated that “the rich and poor alike loathed and feared the idea of being dissected.”¹⁵

These and other reports make it clear that the fear of bodysnatching and dissection was widespread across nineteenth century society, but what exactly were people afraid of? Was it the very act of being cut up, or being exposed to the ‘indecentcies’ which reportedly took place in dissecting rooms? It may have been the perceived need to have intact remains in order to enter heaven. For some concerns over what constituted a decent burial could have been at the centre of their fears since dissection sometimes resulted in limbs and organs from several corpses being placed in a single coffin and buried in unconsecrated ground. It can be seen that establishing the source of the fear of dissection is a complex issue. Burrell and Gill have linked this fear with riots which

¹² Richardson cited in Ralph A. Houlbrooke, ed. *Death, Ritual and Bereavement* (London: Routledge, 1989) 108.

¹³ Richardson, *Death, Dissection and the Destitute*, 183, 150.

¹⁴ *The Times*, 22 April, 1828, 4, col., a.

¹⁵ Richardson, *Death, Dissection and the Destitute*, 247.

occurred across Britain and Europe following the arrival of cholera. Compulsory entry to cholera hospitals and the speedy burial of its victims led relatives to believe that patients were being murdered for dissection by the surgeons. Burrell and Gill claim that few historians have recognised the role such fear played in the social unrest which ensued.¹⁶ Hurren and King, Gregory and Kidd have in various ways, examined the fear workhouses held for paupers and that section of society which might, through events beyond their control, be forced into pauperism and where if unclaimed their corpses could be sent for dissection. Furthermore it is clear that the fears associated with the dissection of human cadavers continued throughout the century and coloured the way 'dying on the parish' was regarded.¹⁷ There is not enough evidence to form a strong conclusion about which aspect caused the greatest concern but the evidence we have does indicate that all of these factors concerned some sections of the population at various times.

In this chapter I argue that many factors contributed to the pressure for legislation; the new way of teaching anatomy, the increase in student numbers, the sources of corpses and the problems their possession could cause for medical practitioners. I shall also consider how Henry Warburton, MP for Bridport, exploited these concerns to overcome opposition to his proposed bill to legalise the supply of corpses for dissection.

¹⁶ Burrell and Gill, "Liverpool Cholera Epidemic," 479.

¹⁷ Hurren and King, "Begging for a Burial," 321; Gregory, "Poverty," 46; Kidd, *State, Society and the Poor*, 47.

1800-1832: The Problem of Supply

It was generally accepted in the nineteenth century that a supply of well-trained doctors was essential in a developed society and that their education required a thorough understanding of the human body if they were to alleviate suffering. Anatomy was regarded as the keystone of medical education in the early nineteenth century and dissection had a central place in the teaching of anatomy. In 1828 Astley Cooper, President of the Royal College of Surgeons of England (RCSE), and the most eminent surgeon in England, stated in his evidence to the Select Committee on Anatomy that “without dissection, there can be no anatomy, and that anatomy is our pole star, for, without anatomy a surgeon can do nothing.”¹⁸ In giving their evidence others concurred with this view. John Abernethy, lecturer in anatomy and surgery at St. Bartholomew’s Hospital, said, “it [dissection] is of the highest importance to the public; [there is] nothing in life, I believe, that can be considered as more important; it is the foundation of all medical knowledge,”¹⁹ whilst Richard Grainger, lecturer in anatomy at the Webb Street School of Anatomy and Medicine, was so convinced that anyone with any knowledge of medical education would be aware of the pre-eminent place of anatomy in it that he felt “it was unnecessary to enlarge upon the absolute necessity of a supply of bodies for dissection.”²⁰ Peterson has suggested that training in anatomy became increasingly important as diagnosis of disease moved away from reliance on a patient’s own description of his symptoms to the medical practitioner’s observations of the

¹⁸ House of Commons, Evidence of the Select Committee on Anatomy, *Sessional Papers*, 1828, 14.

¹⁹ Ibid, 28.

²⁰ Ibid, 47.

physical signs of disease. To understand what was abnormal and therefore significant all medical men needed a thorough education in anatomy only achievable by practical dissection.²¹

It was, of course, entirely natural that surgeons and proprietors of private anatomical schools would seek to place anatomy at the forefront of medical education. Hospital appointments were unpaid posts and whilst some surgeons made a good living from their private practices not all were so fortunate. The fees from providing anatomical lectures were considerable. However, all branches of medicine saw the role of anatomical teaching as vital for the future of the profession. In 1828 Henry Field, deputy warden of the Apothecaries' Society (AS), gave his opinion that those seeking a qualification as an apothecary required attendance at two courses of anatomy to complete their studies.²² Legislation, in the form of the Apothecaries' Act (1815), which had marked the beginning of state intervention in regulating medical education, required that students undertook courses in anatomy and physiology to gain their qualification.²³ However, according to John Watson, Secretary of the Court of Examiners of the Society of Apothecaries, during the 1820s the AS did not actually examine its students on anatomy due to a shortage of corpses, but was keen to do so once a legal source of bodies could be obtained.²⁴

²¹ Peterson, *Medical Profession*, 14.

²² Evidence of the Select Committee on Anatomy, 36.

²³ Susan Lawrence, "Private Enterprise and Public Interests: Medical education and the Apothecaries' Act, 1780-1825," in *British Medicine*, eds. French and Wear, 45-67.

²⁴ Evidence of the Select Committee on Anatomy, 87.

There was a rapid increase in demand for medical education and for medical practitioners during the early decades of the nineteenth century, partly because of the dramatic rise in the population which almost doubled between 1801 and 1842,²⁵ but more particularly due to the expansion of the middle class, who could afford to pay for the services of medical men.²⁶ At the same time Britain was heavily engaged in military action around the globe, most especially in the Napoleonic Wars but also in India, South Africa, the West Indies, the United States of America and the Far East creating a demand for doctors for the armed services. The expansionist policies of the East India Company also added to the need for more apothecaries, surgeons and physicians to be trained to tend to the needs of the burgeoning military and civilian populations.²⁷ These changes resulted in a rapid rise in the number of medical students. In 1790 there were an estimated two hundred students of anatomy in London, by 1820 that number had risen to at least one thousand.²⁸ The problem was how to find enough bodies for dissection. In the late 1820s there were only three sources available; executed murderers, bequests or those that were supplied by the nocturnal activities of the bodysnatchers.

Executed Murderers

In 1752 the Murder Act was passed in an attempt to stem the increasing murder rate by adding “some further and peculiar mark of infamy” to the existing punishment of

²⁵ E. P. Thompson, *The Making of the English Working Class* (London: Penguin Books, 1980) 216.

²⁶ Digby, *Making a Medical Living*; 233-240; Peterson, *Medical Profession*, 5-21; Lawrence, *Charitable Knowledge*, 7; Desmond, *Politics of Evolution*, 154.

²⁷ Bonner, *Becoming a Physician*, 62.

²⁸ Chris Brooks, *Mortal Remains* (Exeter: Wheaton, 1989) 6; Evidence of the Select Committee on Anatomy, 4.

execution.²⁹ The Act stated that the bodies of murderers who were convicted and executed in the County of Middlesex or in the City of London were to be conveyed to the Surgeon's Hall to be dissected. If the defendant were found guilty in any other county of Great Britain judges would have the authority to appoint a suitable local surgeon to carry out the dissection. This was a much-feared form of punishment and it was reported that the first victim of the new Act, Thomas Wilford, was so severely affected that he collapsed when he heard the judge's pronouncement.³⁰ Judges were not compelled to include dissection as part of the punishment under this Act; following execution they could have the body of a murderer hung in chains "but that in no case whatsoever the body of any murderer shall be suffered to be buried; unless such body shall have been dissected and anatomised."³¹

Although a relatively small number of felons suffered execution and dissection their fate produced a vivid imprint on the minds of the vast Georgian crowds who witnessed their end. Many more saw the handbills which were distributed in their tens of thousands telling of the crime and its punishment in gory detail.³² Dissection became linked with criminal activity of the very worst sort. Richardson has shown that nineteenth century feelings against dissection crossed class barriers; she claimed that "the great majority of people" feared dissection, a view reflected by the reaction of some families of convicted murderers who attempted to rescue corpses after execution but

²⁹ An Act for Better Preventing the horrid crime of Murder, 1752, *Statutes of the Realm*, 25 Geo. 2, c. 37.

³⁰ Clare Gittings, *Death, Burial and the Individual in Early Modern England* (London: Croom Helm, 1984) 74; *The Times*, 23 March, 1830, 3, col., d.

³¹ An Act for Better Preventing the horrid crime of Murder, 381.

³² Geoffrey Abbott, *William Calcraft: Executioner Extra-Ordinaire* (Norwich: Eric Dobby Publishing, 2004) 21, 44; Neil R. Storey, *A Grim Almanac of Norfolk* (Stroud: Sutton Publishing, 2003) 23, 63, 69.

before the bodies had been delivered to the anatomists.³³ When these attempts failed their anger was directed against the anatomists themselves. This happened in Carlisle when the friends of a hanged and dissected man attacked the anatomists involved, killing one of them and shooting another in the face.³⁴

Nevertheless only a handful of corpses reached the schools from this source. Henry Warburton revealed, during a debate in the House of Commons in 1828, that in London and Middlesex there had not been more than an average of five executed murderers a year during the 1820s to provide corpses for medical education.³⁵ Throughout England and Wales between 1816 and 1820 there were 5,853 capital convictions but many of these were transmuted to transportation and only 364 resulted in executions. This number was further reduced since only executed murderers could be anatomised; those executed for arson, burglary, rape and so on were buried entire in the prison precincts after their sentence had been carried out.³⁶ Due to the lack of any reliable records it is not possible to ascertain exactly how many corpses were made available from the gallows but it is clear that their number was entirely inadequate to meet the demand from the anatomists.³⁷

Whilst the secondary literature refers primarily to London, archival material from Norfolk and Suffolk reveals that the situation was similar in the provinces where very

³³ Richardson, *Death, Dissection and the Destitute*, 27, 150, 183.

³⁴ Ibid, 75-76.

³⁵ *Hansard*, 2d ser., 19 (1828), col. 14.

³⁶ Anthony M. Breen, "A Study of County Hall, Ipswich." (Unpublished manuscript: 2003) 7.

³⁷ Richardson, *Death, Dissection and the Destitute*, 53.

few corpses were provided for dissection through the legal system. On 18 July 1807 Martha Alden of Attleborough, Norfolk, killed her husband while he slept by attacking his head, face and throat with a billhook. She tried to dispose of his body by placing it in a sack and sinking it into a pond. However the body was discovered and Martha was tried for murder. Upon conviction the judge “doomed her to death, to be drawn on a hurdle to the place of execution, there to be hanged by the neck, and her body dissected.”³⁸ There was not to be another legally acquired body available to the surgeons of Norwich for a further ten years until in 1817 James Johnson was hanged for the murder of Robert Baker, a glove and breeches maker of Wells-next-the-sea in North Norfolk. His body was dissected by Mr. Williams, who had travelled up from London, and a local man, Mr. Austen, who was a pupil of William Dalrymple, a surgeon at the Norfolk and Norwich Hospital (NNH). Once the body had been opened the esteemed local surgeon, John Green Crosse, used it to give a series of daily lectures on anatomy at the hospital thus fully utilising the corpse before it was finally buried.³⁹

In Ipswich, Suffolk, between 1801 and 1831 there were twenty-eight executions for crimes including horse stealing, burglary and arson of which only eleven were for murder. The first men executed were, Matthew Riley and John Dogarty, both of whom were soldiers in the Suffolk Militia. Once anatomised their bodies were placed on public show in the Shire Hall.⁴⁰ At Bury St. Edmunds, Suffolk between 1814 and 1831 ten men ended their lives on the executioner’s scaffold, only two of them for murder. One,

³⁸ Storey, *Grim Almanac of Norfolk*, 111.

³⁹ Charles Mackie, *Norfolk Annals* (Norwich: Norfolk Chronicle, 1901) 151.

⁴⁰ John Glyde, *Suffolk in the Nineteenth-Century* (London: Simpkin, Marshall, 1856) 150.

William Corder, was dissected, his skeleton articulated and his skin used as the binding for a book that is still on display in Bury St. Edmund's museum.⁴¹

However it appears that not even all of this very limited supply were fully utilised. Thomas Turner, lecturer on anatomy and physiology in Manchester, reported to the Select Committee on Anatomy (1828) that, in his opinion, executed murderers were often only nominally dissected.⁴² The Murder Act required that the body be left to hang for one hour before being cut down. It was then delivered up to the nominated surgeon where an incision was made in the chest and at that point the letter of the law had been carried out. Without reliable evidence it is reasonable to speculate why, at a time when the medical world was desperate for anatomical material, all the available corpses were not used for teaching. Some executions took place in the summer months outside the normal teaching periods. In other cases friends or relatives seized the body before the surgeons could perform their dissection. Legally the surgeon could continue with the dissection until, as was the case with Corder, the body had been reduced to its constituent parts. Some corpses received from the hangman were used to provide a series of lectures indicating a very thorough and systematic dissection of the body.⁴³ However this is unlikely to have been the case with the body of Ambrose Flack, the last man to be executed in Ipswich before the passing of the Anatomy Act. According to a report in the *Ipswich Journal* from 30 July 1831,

⁴¹ Ibid, 152.

⁴² Evidence of the Select Committee on Anatomy, 131.

⁴³ Mackie, *Norfolk Annals*, 151.

After hanging the usual time, the body was removed from the gallows, and delivered to the surgeons to be dissected, according to his sentence. On the following day it was exhibited at the Shirehall, and in the evening given up to the relatives of the deceased, and on Wednesday last [27th] was interred in the Churchyard of St. Clement's parish. ⁴⁴

The surgeons only had part of one day to dissect the body before it was displayed and then buried. A year later Benjamin Gooch, surgeon, wrote a lengthy article in the *Quarterly Review* in which he suggested that throughout England there were scarcely twelve corpses a year available from the gallows. That meant in some years certain anatomical schools did not receive a single body and rarely did they ever receive more than one. As the evidence suggests the bodies of executed murderers could not be relied upon as a sufficient source of anatomical material to meet the needs of the growing medical student population. ⁴⁵

Bequests

Whilst there was widespread antagonism towards the concept of having ones corporeal body reduced to its most basic constituents, a very small group of altruistic individuals chose to give their own bodies after death to be dissected. The best known case is that of Jeremy Bentham. When he died in 1832 his body was opened at the Webb Street School of Anatomy and Medicine before an invited audience that included politicians and

⁴⁴ *Ipswich Journal*, 30 July, 1831, 3, col., a.

⁴⁵ Benjamin Gooch, "Unlawful Disinterment of Human Bodies," *Quarterly Review*, 42 (1830):1-17.

intellectuals as well as medical students, one of whom recorded that “in the presence of death, there mingled a sense of the power which that lifeless body seemed to be exercising in the conquest of prejudice for the public good.”⁴⁶ The body was then preserved, dressed and seated in a chair before being displayed in the entrance hall of University College, London. Richardson and Hurwitz conclude that by making the bequest in the way he did Bentham was able to be dissected but still maintain his integrity. Thus he “avoided becoming the anatomical victim of his own fame; at the same time he escaped the anonymity of anatomical obliteration.”⁴⁷

The issue of bequeathing one’s body for medical use became prominent in the years before 1832. It was accepted that such a source could not be expected to fulfil the demand for cadavers but was seen rather “as a partial victory over those prejudices that made legislation itself dangerous or inefficient.”⁴⁸ It was suggested, in a letter to *The Times*, that a list of people who wished to offer themselves for dissection should be prepared and kept at one of the leading London hospitals.⁴⁹ These letters were from professional men but a petition from students at St. Bartholomew’s Hospital presented to the House of Lords on 7 February 1832 referred to working class women at the hospital who had offered their bodies for dissection. One, Mary Clay, had undergone a successful operation and had requested that when she eventually died her body should be dissected at the hospital to aid future surgeons. The other woman made a request

⁴⁶ Lewes, *Southwood Smith*, 46-47.

⁴⁷ Ruth Richardson and Brian Hurwitz, “Jeremy Bentham’s Self Image: an exemplary bequest for dissection,” *British Medical Journal* 357, (1987):7.

⁴⁸ *The Times*, 10 December, 1831, 2, col., d.

⁴⁹ *Ibid.*

before her operation saying that if she died then the surgeon should make use of her body for anatomical teaching.⁵⁰ There are no records of the exact number of bodies which were bequeathed for anatomical examination during the nineteenth century but from the limited records available it would seem that the numbers were small and that the chief motive behind the decision to bequeath a body for the purpose of anatomy was that of a desire to help others by providing a means to study the human body.⁵¹

Sometimes the bequest was more specific as can be seen from the case of George Manby of Gorleston, Norfolk. Manby is best remembered by seafarers for his invention of the rescue apparatus. Whilst a young man he was shot in the head by an officer of the East India Company who was trying to elope with Manby's wife. He survived the attack but endured "one of the most painful operations that perhaps ever a mortal underwent" in order to have the bullets removed. Manby decided that he would bequeath his head to Astley Cooper the eminent surgeon, who had been raised in Norfolk, "trusting that some public benefit may result by showing what injury the head is able to undergo."⁵² Unfortunately for medical science, Manby survived until he was eighty-eight years old, dying in 1854, some thirteen years after Cooper, and his head was never used.

⁵⁰ *Hansard*, 3d ser., 10 (1832), col. 2.

⁵¹ Ruth Richardson and Brian Hurwitz, "Donors' Attitudes Towards Body Donation for Dissection," *Lancet* 346, (1995): 279. This article deals with a study carried out in 1995 that asked whole body donors to give the reason they had decided to bequeath their bodies to medicine. The three top answers given were; to help others, to help medical research/knowledge/science and to assist medical education.

⁵² Paul P. Davis, *History of Medicine in Great Yarmouth: Hospitals and Doctors* (Great Yarmouth: Paul P. Davis, 2003) 243.

Bodysnatching

By far the largest number of corpses came to anatomy schools from the nocturnal activities of bodysnatchers. Bodysnatching had developed in response to the growing demand for corpses by medical practitioners during the eighteenth century.

Bodysnatchers, also known as resurrectionists or “sack ‘em up men,” created an atmosphere of fear. In theory bodysnatching was indiscriminate, rich and poor all being potential victims. Cooper made that clear when he said “there is no person, let his situation be what it may, whom, if I were disposed to dissect, I could not obtain.”⁵³ At a time of high mortality when family life was all too regularly disturbed by the loss of children, spouses or parents, the prospect of an after-life offered comfort to the bereaved. The importance of the grave as the place of safekeeping was of immense psychological value. Much of the recent historiography of death, grief and mourning has developed this idea.⁵⁴ In *Mortal Remains* Chris Brooks discussed the growing value placed on the individual in the early nineteenth century and their corporeality. He concluded that “bodysnatching violated the security of the beloved grave, and dissection violated the intactness of the beloved body.”⁵⁵ Similarly Jones has shown that the corpse and its grave had value to mourners as a tangible focus for their grief.⁵⁶ Whilst Pat Jalland’s study into death emphasised the importance placed upon the Christian

⁵³ Bailey, *Resurrection Men*, 63.

⁵⁴ Lerner, *Angels and Absences*; Houlbrooke, *Death, Ritual and Bereavement*; Brooks, *Mortal Remains*; Jones, *Speaking for the Dead*; Pat Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996); Mike P. Pearson, *The Archaeology of Death and Burial* (Stroud: Sutton, 1999).

⁵⁵ Brooks, *Mortal Remains*, 6.

⁵⁶ Jones, *Speaking for the Dead*, 57.

belief of an ultimate reunion in heaven.⁵⁷ Mike Pearson's research into changing tombstone motifs from "death's heads and blunt references to the manner of death" in the eighteenth century to "euphemisms of loved ones as only sleeping, at rest or waiting in heaven" in the nineteenth century served to indicate the changes which occurred in attitudes towards death and the increasing value placed upon the security of the corpse within its grave.⁵⁸ With such care being expended on the safe disposal of the dead it can be imagined with what shock and outrage the discovery that the body of a loved one had been removed from its grave, trussed up, transported to an anatomy school and dissected, would cause to a grieving relative. Bodysnatching and subsequent dissection meant that once a body had reached the anatomists it would be reduced into many pieces; some to be stored in jars, others articulated into a skeleton and much disposed of as waste, perhaps buried in unconsecrated ground, in cellars or yards without any ceremony.⁵⁹ According to John Wolffe the term 'diffusive Christianity' characterized the vague non-doctrinal belief held by "the bulk of the British population" who were neither regular church goers nor atheists.⁶⁰ Christian belief amongst this group led to the widely held view that the dead waited in their graves until the Day of Judgement when Christ would come again to judge all mankind and the hope was that loved ones would be reunited in Heaven.⁶¹ Although the natural process of decay was acceptable, dissection violated the principle that the entire body should rest in the grave awaiting

⁵⁷ Jalland, *Death in the Victorian Family*, 2.

⁵⁸ Pearson, *Archaeology of Death*, 47 – 48.

⁵⁹ Sappol, *Traffic of Dead Bodies*, 84.

⁶⁰ John Wolffe, *God and Greater Britain: Religion and National Life in Britain and Ireland 1843 – 1945* (London: Routledge, 1994) 92.

⁶¹ Desmond, *Politics of Evolution*, 165; Wolffe, *God and Greater Britain*, 92; Kidd, *State, Society and the Poor*, 118; See Jalland, *Death in the Victorian Family*, 1 for a discussion of class views concerning death.

resurrection and accordingly resulted in hostility toward those who desecrated graveyards.

Londoner's fascination with bodysnatching can be seen through the vast number of copies sold of the confessions of John Bishop and Thomas Williams, resurrectionists, following their conviction for the burking of Carlo Ferrari and in the forty thousand people who queued to see the dissected corpse of William Burke.⁶² Hatred of resurrectionists showed itself in public outrage whenever bodysnatchers were apprehended. At Cambridge, in 1832, Charles Darwin witnessed a riot when two bodysnatchers were being conveyed to prison. The crowds inflicted severe harm on the men before the constables could rescue them. In Darwin's opinion the men would have been killed if left to the crowd.⁶³ On another occasion in Deptford three bodysnatchers faced a crowd of over a thousand angry people throwing stones, shouting and booing at them and it required an escort of forty policemen to convey them safely to the magistrates.⁶⁴

It is difficult to identify individual bodysnatchers or to construct a typical profile of who engaged in such an occupation but contemporary writers portrayed them as the 'lowest of the low'. To be involved in bodysnatching was believed to require a certain type of character. Even amongst the underworld of Georgian London, bodysnatchers were

⁶² Bailey, *Resurrection Men*, 102, 110;

⁶³ Richardson, *Death, Dissection and the Destitute*, 89.

⁶⁴ *The Times*, 19 April, 1832, 3, col., c.

regarded by their peers as being especially depraved. A description recorded in *The Times* on the 22 April 1828 stated:

[Body snatching], from its very nature, requires that the lowest and most abandoned should be employed in it, because none else will undertake a business so unpopular and connected with such hatred. Accordingly the common executioner is not an object of greater antipathy than the resurrection men, who are indeed regarded by the vulgar as so entirely beyond the pale of the law, that they may be shot with impunity, if surprised in the fulfilment of their unhallowed calling.⁶⁵

Whilst the following extract from *The Body Snatchers* by Robert Louis Stevenson provides an indication of the resurrectionists supposed lack of any 'decent' feelings.

It was part of his trade to despise and desecrate the scrolls and trumpets of old tombs, the paths worn by the feet of the worshippers and mourners, and the offerings and inscriptions of bereaved affection...The coffin was forced, the cerements torn, and the melancholy relics, clad in sackcloth, after being rattled for hours on moonless byways, were at length exposed to uttermost indignities before a class of gaping boys.⁶⁶

These views are further supported by the compelling evidence James Bailey presented in *The Diary of a Resurrectionist 1811 - 1812* which he claimed came largely from the

⁶⁵ *The Times*, 22 April, 1828, 4, col., c.

⁶⁶ Cited in Bailey, *Resurrection Men*, 73.

resurrectionist Naples during the 1811 - 1812 bodysnatching season.⁶⁷ Bailey suggested that many of the men involved in bodysnatching were also petty criminals although some of them combined their nocturnal activities with legitimate work.⁶⁸ Naples was one of about eight men lead by Ben Crouch, a prize-fighter who also worked as a porter at Guy's Hospital. Another member of the gang was Butler who worked as a dissection room porter at St. Thomas' Hospital. Obviously these two were well placed to dispose of the corpses they 'lifted' through their extra-official duties. They were also well placed to be able to establish a working link between themselves and the anatomy teachers and students at the hospitals.

However using evidence that Bransby Cooper and Richard Owen, anatomists, had compiled about bodysnatchers they had been acquainted with, Richardson has suggested, in contrast to Bailey's conclusion, that of the twelve London resurrectionists she studied only one had previously been convicted of even a minor crime. The others had been drawn into the world of bodysnatching from other occupations, in particular men who had been working as dissecting-room porters or as gravediggers.⁶⁹ It seems likely that Cooper and Owen would have dealt with the middle-men, those involved with bodysnatching who also had jobs in hospitals and anatomy schools, and not with the rougher element who physically removed the bodies from the graves. In which case Richardson's description of London resurrectionists could be expected to contradict that of Bailey who was considering the whole spectrum of men involved in bodysnatching.

⁶⁷ James B. Bailey, *The Diary of a Resurrectionist 1811 - 1812* (London: Swan Sonnenschein, 1896) 45.

⁶⁸ Bailey, *Diary of a Resurrectionist*, 130-134.

⁶⁹ Richardson, *Death, Dissection and the Destitute*, 69.

In their evidence to the Select Committee on Anatomy James Glennon and Richard Pople, both police officers at Union Hall, London, considered that there were about two hundred men involved in bodysnatching in London in the 1820s, but in their opinion less than ten of them were full time bodysnatchers.⁷⁰ Some of them were criminal associates of bodysnatchers who were occasionally called upon to help lift and transport corpses under the guidance of one of the full-time men. Many of the rest who called themselves bodysnatchers only obtained the occasional corpse when the opportunity arose but, in the opinion of one of the resurrectionists who gave evidence to the Select Committee, “the greatest part of the men that have lately got into the business, are *nothing but petty common thieves*,” (italics in original) who through their amateurism were likely to be the ruin of the trade.⁷¹

During the period covered by Naples’ diary a total of 453 corpses were taken from their graves by the gang and sold to hospitals and private anatomy schools in London. These sales, with prices ranging from 10s 6d for a foetus to 9 guineas for an adult corpse in good condition, resulted in a payout of £124 2s 6d for each member of the gang during the season.⁷² (Anatomy lessons took place during the cooler months of the year from October to May). At that time an unskilled labourer received around 10s a week whilst a skilled worker could seldom expect more than 30s. So the financial reward from

⁷⁰ Evidence of the Select Committee on Anatomy, 104, Desmond, *Politics of Evolution*, 157.

⁷¹ Evidence of the Select Committee on Anatomy, 118.

⁷² Bailey, *Diary of a Resurrectionist*, 140; Deborah A. Symonds, *Notorious Murders, Black Lanterns, & Movable Goods: A Transformation of Edinburgh’s Underworld in the Early Nineteenth Century* (Akron: The University of Akron Press, 2006) 133-135.

bodysnatching could be well in excess of anything a working-class man could ever hope to earn.⁷³

Although there was the opportunity for substantial financial gain, the work of a bodysnatcher was fraught with danger, “every ground in London is watched by men put into them at dark, who stop till day-light, with fire-arms...you are subject to be shot; and if you are taken, the parish prosecutes you, and you may get six to twelve months imprisonment. A man may make a good living at it if he is *a sober man, and acts with judgement*” (italics in original).⁷⁴ Other methods of graveyard security included the erection of iron cages over graves, known as mort-safes in Scotland, which could be hired for a shilling a day and were kept in place for a few weeks until the body had putrefied enough to make it safe from the resurrectionists. Some relatives set spring-guns by new graves or covered them temporarily with heavy stone slabs kept in the graveyards for that purpose.⁷⁵ Faced with these measures it would seem likely that only experienced men could successfully engage in bodysnatching and this would explain why, out of the two hundred men Glennon and Pople considered were sometimes involved in bodysnatching, only around ten of them were considered to be full-time resurrectionists.

Another limitation on the numbers involved was the operation of a form of cartel. The high pay successful resurrectionists achieved would have served as an incentive for them

⁷³ E. P. Thompson, *English Working Class*, 346.

⁷⁴ Gooch, “Unlawful Disinterment,” 4.

⁷⁵ Bailey, *Resurrection Men*, 49-52.

to keep any competitors out of the business. The value attached to a corpse came down to the relationship between supply and demand. If teachers of anatomy were placed in the position of always requiring more corpses than were available prices would remain high. It has been shown that resurrectionists were considered to be hard, ruthless men, to quote Cooper, “the lowest dregs of degradation” even allowing for Richardson’s view that few had criminal backgrounds.⁷⁶ Ben Crouch, the prize-fighter was a “tall, strong man,” whilst Bill Harnett, a favourite of Cooper’s was a boxer.⁷⁷ Therefore they would have been able to use their strength and reputation amongst their peers to warn off any ‘dabblers’ in the trade so retaining control over supply and prices. In the report of the Select Committee on Anatomy it was suggested that the combination of greater care of the dead and the involvement of hard, ‘professional’ men demanding high prices resulted in a severe shortage of affordable corpses leading to the conclusion that bodysnatching could no longer satisfy the demand for dissection material.⁷⁸ But so long as bodysnatchers provided the chief supply of corpses, anatomy teachers were forced into a close working relationship with them.

Most leading anatomists seem to have cultivated particular bodysnatchers, almost to the extent of employing them, to supply them with both ‘normal’ and unusual corpses.⁷⁹ Unusual corpses were greatly sought after by anatomists for their collections. In 1783 ‘The Irish Giant,’ a man called O’Brian who stood over seven feet tall, died and, amid

⁷⁶ Evidence of the Select Committee on Anatomy, 17.

⁷⁷ Bailey, *Resurrection Men*, 129.

⁷⁸ House of Commons, “Report of the Select Committee on Anatomy,” *Sessional Papers*, 1828, 5.

⁷⁹ F. L. M. Pattison, *Granville Sharp Pattison: Anatomist and Antagonist 1791-1851* (Edinburgh: Canongate Publishing, 1987) 26-42.

strong competition, John Hunter obtained his body at a cost of £500.⁸⁰ Astley Cooper had to wait eighteen years until a patient of his died before he was able to employ Thomas Vaughan to obtain the corpse from its grave “cost, what it may” so that he could prepare a specimen for Guy’s Hospital museum to show how he had successfully joined together severed blood vessels.⁸¹ R. C. Brock suggested in *The Life and Work of Sir Astley Cooper* that Cooper’s association with bodysnatchers was notorious. It was a rare occasion, he recorded, when Cooper was not paying maintenance to one or another of their families to support them whilst the bodysnatcher was in custody.⁸² Removing a corpse from a grave was not a felony but a misdemeanour and as such usually incurred a fine. However if any part of the grave clothes or coffin was removed then a felony had been committed and the perpetrator could be imprisoned. On at least one occasion when Vaughan was imprisoned Cooper provided substantial support for him and his family.

January 29th 1828. Paid Mr. Cock to pay Mr. Smith half the expenses of
bailing Vaughan from Yarmouth and going down [London]. £14 7s 0d

May 6th 1828. Paid Vaughan’s wife 6s. Paid Vaughan for twenty-six weeks
confinement at 10s per week, £13 0s 0d.⁸³

Although medical men running anatomy schools had to develop a working relationship with certain bodysnatchers, it was not a situation they enjoyed. Joseph Green, surgeon and teacher of surgery and anatomy at St. Thomas’ Hospital, claimed that bodysnatchers

⁸⁰ Richardson, *Death, Dissection and the Destitute*, 57.

⁸¹ Davis, *History of Medicine*, 115.

⁸² Brock, *Life and Work*, 22.

⁸³ Bailey, *Diary of a Resurrectionist*, 49.

were “men of the most depraved character,” and that medical men “found it an unhappy experience to have to associate with and support them when they were imprisoned.”⁸⁴

Bodysnatchers generally targeted shallow graves, which allowed quick access to the coffin. Using a crowbar the coffin would be opened and a rope secured around the corpse which was then pulled out of the ground leaving the coffin behind, the shroud was removed from the corpse and replaced in the grave.⁸⁵ Before 1788 stealing a corpse was not a crime of any sort since the law held that a dead body was not considered property and so in effect nothing had been stolen. That year the removal of a body for any purpose other than the lawful burial of it became a misdemeanour, an indictable offence less serious than a felony, which was punishable by a fine or up to six months in prison. An abortive attempt by Sir John Frederick in 1795 to make it a felony would, if successful, have raised the maximum penalty to transportation or even execution. Bailey claimed that due to Georgian materialism the law, towards the end of the eighteenth century, was more concerned with punishing crimes against property rather than crimes against the person and this was the reason Frederick’s proposal was unsuccessful.⁸⁶ Once a body had been removed from its grave it was bundled into a sack and carried away to a safe place where it may have been further disguised by folding and compressing it into a box for shipment. In cities, such as Edinburgh and London, there was continual violation of graves to supply nearby medical schools with some

⁸⁴ Evidence of the Select Committee on Anatomy, 37.

⁸⁵ Richardson, *Death, Dissection and the Destitute*, 59.

⁸⁶ Bailey, *Resurrection Men*, 21

graveyards being particularly heavily used.⁸⁷ However provincial graveyards also came under attack especially following periods when graveyard security in the cities was stepped up.

The Great Yarmouth bodysnatching scandal was one of a series of large-scale bodysnatching incidents performed by organised gangs, put together and led by one of the London resurrectionists, to fulfil a particular order for corpses. In December 1827 George Beck, a baker in Great Yarmouth, became concerned over what appeared to be the disturbance of his wife's grave. When the grave was opened it was found that his wife's body had been removed. Many other families checked the graves of their deceased relatives and it was found that over thirty bodies had been 'lifted' between October and December by the resurrectionists. Thomas Vaughan and Patrick Murphy, who together ran an infamous bodysnatching gang in Southwark, London and had been supplying Cooper for some time, were found to be responsible. Robert Barber, a member of the gang, turned King's evidence and it was from his confession that the details of the case became known. The bodies were taken from the churchyard to a house in the nearby Row 6, later known as Snatchbody Row. In this rented house the corpses were packed into boxes measuring four feet two inches by fourteen inches and sent by carrier's wagon to London to be sold to teachers of anatomy for between eight and twelve guineas each.⁸⁸ Vaughan had returned to London to lie low but a slighted lover betrayed his hiding place to the authorities and he was arrested and brought back to Great Yarmouth to be tried. Such was the fury of the townspeople about the

⁸⁷ Julie Rugg, "The Rise of Cemetery Companies in Britain 1820-1853" (PhD Thesis, Stirling, 1992).

⁸⁸ Mackie, *Norfolk Annals*, 72; Davis, *History of Medicine*, 114.

desecration of their graveyard that, as *The Times* reported on the 2 January 1828, “fortunately for Vaughan, he was not recognised by the populace until he had nearly reached the Town Hall [gaol], or his life would have been in imminent danger.”⁸⁹

Vaughan was eventually transported to Australia following another bodysnatching incident in Plymouth where he took some clothing along with a corpse.⁹⁰

In the early nineteenth century many medical students were involved in obtaining corpses from the grave for their own studies. Crosse had certainly acquired specimens this way as a student and he was still involved in bodysnatching when he held the post of demonstrator for James Macartney at Trinity College, Dublin. Granville Pattison, teacher of anatomy in Glasgow, in giving evidence to the Select Committee on Anatomy, also stressed how “distressing and undignified” it was for his medical students to have to be involved in the exhumation of corpses.⁹¹

However by the 1820s bodysnatchers were providing most of the corpses used for anatomy and medical men in general believed themselves safe from prosecution if they distanced themselves from the actual disinterment of the corpse. Yet they were still dealing in corpses and ran the risk of falling foul of the law by being in possession of an illegally acquired corpse. The prosecution in 1827 of William Gill, a surgeon and anatomist who taught at his private anatomy school in Seel Street, Liverpool, for receiving a corpse for the purpose of dissection knowing that it had been disinterred by

⁸⁹ *The Times*, 2 January, 1828, 3, col., b.

⁹⁰ Davis, *History of Medicine*, 114.

⁹¹ Pattison, *Granville Sharp Pattison*, 136.

bodysnatchers, made it clear to the profession that the study of anatomy had to be put on a legal footing so as to afford maximum protection for both medical students and teachers of medicine.⁹² It is not clear why Gill was prosecuted whilst other anatomists in similar circumstances avoided court cases but in his defence Gill pointed out the inconsistency of the law which could punish those who practised surgery without proper qualifications whilst at the same time deny them adequate legal means by which to obtain those qualifications. When they took matters into their own hands to acquire sufficient corpses by dealing with the resurrectionists it appeared they would be criminalised.⁹³ Gill received a fine of £30 but appears to have been able to continue with his work in Liverpool. However in an earlier case Granville Pattison had not fared so well. Pattison was prosecuted in 1813 for his part in receiving the corpse of Mrs. McAllaster, taken from the Ramshorn Churchyard, Glasgow by students, for use in his anatomy lectures. This case reached court because Mrs. McAllaster was from a respectable family who demanded action as soon as they realised that her grave had been plundered. After a very public trial held at the High Court of Justiciary in Edinburgh where the court was full each day and many others who wished to attend had to be turned away, the jury returned a result of not proven against Pattison because a mix up over the body-parts in his dissecting theatre made it impossible to conclusively identify McAllaster's remains. Following his trial Pattison was ostracised by the British medical world, unable to secure a post in Britain he went to America where he "was widely

⁹² Burrell and Gill, "Liverpool Cholera Epidemic," 2, 9.

⁹³ Bailey, *Resurrection Men*, 89; V. Mary Crosse, *A Surgeon in the Early Nineteenth Century* (Edinburgh: E & S Livingstone, 1968) 62.

considered the best lecturer in anatomy then living” and spent most of his working life at the Jefferson Medical College, Philadelphia.⁹⁴

1828-1832: Pressure for Legislation

The pressure for change to provide a legal means to increase the supply of corpses for dissection came primarily from the medical world.⁹⁵ In Norwich in 1829, for example, doctors agreed that they should “petition the legislature upon the increasing difficulties of pursuing anatomical studies in the public schools” due to the problems of acquiring sufficient corpses.⁹⁶ This shortage was further emphasised in London where teachers of anatomy recorded that 398 bodies were dissected in 1828 though Cooper thought that ideally 2,100 were required⁹⁷ and Benjamin Brodie and Thomas Wakley had each suggested seven hundred.⁹⁸ James Somerville recommended that over a four-year course of study a student would need to dissect six bodies.⁹⁹ The physician David Barry advocated using eight bodies,¹⁰⁰ James Webster, who had experience of anatomy in Germany, Italy and France, thought ten were required¹⁰¹ and Pattison, twelve.¹⁰² James Macartney, professor of anatomy and surgery at Trinity College, Dublin highlighted the value placed on anatomy once again, “not one body, nor two nor ten, would give a student the necessary degree of anatomical knowledge; and I should further say, that no

⁹⁴ Pattison, *Granville Sharp Pattison*, 26 – 53, 220.

⁹⁵ Lawrence, *Charitable Knowledge*, 16.

⁹⁶ Mackie, *Norfolk Annals*, 283.

⁹⁷ Evidence of the Select Committee on Anatomy, 16.

⁹⁸ *Ibid*, 25, 112.

⁹⁹ *Ibid*, 50.

¹⁰⁰ *Ibid*, 59.

¹⁰¹ *Ibid*, 73.

¹⁰² *Ibid*, 67.

professional man can retain or carry through life his anatomical knowledge, it must be renewed at intervals.”¹⁰³

It is difficult to ascertain exactly how many bodies were used for dissection prior to the 1820s due to the lack of adequate records. However information from the twelve anatomical schools in London for 1826 and 1827 and from five provincial schools for 1828 presented to the Select Committee on Anatomy suggest that far fewer corpses were available than the teachers of anatomy required. Some schools fared much better than others. For example, the London Hospital, Little Dean Street and Little Windmill Street Anatomical Schools all achieved a ratio of one body per student in 1827 whilst the Chapel Street Anatomical School only managed to obtain one body for every three students registered with them. Provincial schools generally found it harder to source sufficient bodies for their students with Liverpool attaining the best ratio of almost three-quarters of a body for each student. As can be seen the number of corpses obtained by the various schools of anatomy fell far short of the number it was believed were required to provide a complete and satisfactory medical education.¹⁰⁴

However other motives were also behind the pressure on parliament. Medical practitioners, other than elite physicians, were usually regarded as being socially inferior, little removed from tradesmen and this frustrated their desire to move towards a

¹⁰³ Ibid, 108.

¹⁰⁴ Ibid, appendices: 6, 7, 8, 9, 10, 14.

professional status.¹⁰⁵ In March 1828 the Marquis of Lansdowne presented a petition to the House of Lords from Astley Cooper, on behalf of the RCSE, in which it was requested that the Lords give their support to a change in the law which would break the link between surgeons and bodysnatchers.¹⁰⁶ Pressure for reform had been growing from surgeons following Gill's prosecution and the College wanted parliament to find a way in which teachers of anatomy and surgeons could pursue their work inside the law. The petition highlighted the contradiction that considerable penalties were attached to the current means by which prospective surgeons learnt their craft, but if they did not take such risks in order to dissect, then once in practice, they faced legal action and the payment of punitive damages should their lack of skill result in injury or death to their patients. The College's petition called for permissive legislation that would supply sufficient corpses to medical schools and remove any accusation of misconduct from teachers of anatomy and surgery. The first step they proposed was the repeal of the existing law which made executed murderers the only legal source of cadavers for dissection, thereby hopefully removing the stigma of criminality from the entire process of dissection.¹⁰⁷

A few weeks later Robert Peel presented a similar petition, again from the RCSE, to the House of Commons.¹⁰⁸ In the debate that followed Peel accepted the College's argument but he was concerned that a discussion on the subject would only serve to

¹⁰⁵ Peterson, *Medical Profession*, 9, 38; Crowther and Dupree, *Medical Lives*, 47, 56; Waddington, "Mayhem and Medical Students," 47; Butler, "Transformation in Training," 115; Digby, *British General Practice*, 38.

¹⁰⁶ *Hansard*, 2d ser., 18 (1828), col. 1136 – 1137.

¹⁰⁷ *Ibid*, col. 1136.

¹⁰⁸ *Ibid*, col. 1612.

further inflame the prejudices of the general public. At the time national and provincial newspapers carried stories of bodysnatching which had fuelled the general dislike of dissection to such a pitch that the anatomists themselves became the focus of antipathy as much as the resurrectionists. Peel wanted to distance the Government from the unpalatable subject of anatomy and so Warburton, unofficial spokesman for the medical profession and radical MP for Bridport, asked “that a select committee be appointed to inquire into the manner of obtaining subjects for the Schools of Anatomy, and the state of the law affecting persons employed in obtaining or dissecting bodies.”¹⁰⁹ Warburton considered he was a patron of science and medicine and was keen to instigate medical reform. As a shareholder in London University Anatomy School he knew the leading anatomists and had the opportunity to hear their grievances firsthand.¹¹⁰

During the debate in the House of Commons Warburton set out the main areas of concern. He emphasised the severe shortage of corpses that had the unhappy effect of compelling a growing number of medical students to travel to the continent, where corpses were available in abundance. He reviewed alternatives to human cadavers but suggested that models and preserved specimens were poor substitutes for ‘hands on’ anatomy. The intolerable position of surgeons forced to break the law in order to teach was touched upon as was the link between dissection and criminality before he tentatively suggested alternative sources for the anatomist’s material: the poor, destitute,

¹⁰⁹ *Hansard*, 2d ser., 19 (1828), col. 15.

¹¹⁰ Ruth Richardson, “The Human Corpse and Popular Culture: A Case Study of the 1832 Anatomy Act” (PhD thesis, Sussex University, 1985); H. C. G. Matthew, ‘Warburton, Henry (1784 – 1858)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/28672>, accessed 26 March 2009].

outcasts from society, in effect those who could be considered powerless to defend themselves.¹¹¹ Warburton was granted leave to establish a select committee on anatomy to look into the matter.

Select committees were a traditional and respected way of collecting information that could then be presented to parliament. They had considerable powers, being able to compel the production of documents and the attendance of witnesses to give evidence. They could also be a way of prevaricating and allowing governments to appear interested in a difficult issue without having to make any unpopular decisions. However they did not always provide an objective investigation. In her work on select committees Ursula Henriques highlighted the effect a small number of determined members could have on dominating the course and outcome of a committee's investigations. They could select the witnesses, ask leading questions that affected the information obtained and even prime witnesses before they appeared so that their answers confirmed the committee's preconceived ideas. The use of these techniques could undermine the impartiality of the investigation.¹¹² It seems that this was the case with the Select Committee on Anatomy. Bransby Cooper, Astley Cooper's nephew and biographer, suggested that his uncle had a pivotal role in both the establishment of the Committee and its findings which influenced the subsequent bill.¹¹³ It seems clear from the way the questions were structured and Cooper's replies that Warburton and Cooper had

¹¹¹ *Hansard*, 2d ser., 21 (1829), cols.14-16.

¹¹² Ursula Henriques, "Jeremy Bentham and the Machinery of Social Reform," in *British Government and Administration*, eds. H. Hearder and D. Loyn, (Cardiff: University of Wales Press, 1974) 171.

¹¹³ Bransby B. Cooper, *The Life of Sir Astley Cooper* (London: John W. Parker, 1843) 404 – 408.

previously had many discussions on the topic and were of one mind over the way the bill should be framed.

Evidence presented to the Select Committee on Anatomy

The Select Committee on Anatomy began to take evidence at the end of April 1828. Its stated aim was to try to gather as full a picture as possible of the prevailing state of the teaching of anatomy in Britain and to propose ways of improving the supply of corpses for dissection. It began by questioning magistrates, police officers and guardians of the poor. Two of the magistrates provided contradictory evidence concerning the legal position of anatomists found in possession of a 'lifted' corpse. Thomas Halls, magistrate for Bow Street, London, did not, on a legal technicality, believe anatomists culpable, whereas Samuel Twyford, magistrate for Worship Street, London, thought that they put themselves in an invidious position and could be guilty of a misdemeanour punishable by law.¹¹⁴ By presenting the uncertainty of the anatomist's position their evidence provided an impetus to Warburton's proposal to introduce legislation that would protect anatomists from prosecution in the future.

Astley Cooper was the first medical witness to appear before the Committee and his testimony appeared to carry considerable weight in setting the tone of the responses of the other witnesses, who included the leading surgeons at St. Bartholomew's, St. Thomas' and the Middlesex hospitals and lecturers in anatomy at Great Windmill

¹¹⁴ Evidence of the Select Committee on Anatomy, 93, 99.

Street, Webb Street, and Little Dean Street anatomy schools. The Committee also heard evidence from apothecaries, resurrectionists, and several doctors who had studied anatomy in Europe and America. Furthermore surgeons and anatomists from across the whole of Britain were invited to submit evidence to the Committee and letters were received from Liverpool, Exeter, Edinburgh, Glasgow, Birmingham, Bristol and Manchester.¹¹⁵

In his evidence Cooper established the fundamental role of dissection in the study of anatomy. When questioned about the supply of corpses he was quick to denigrate bodysnatchers whom he considered it was odious for professional men to have to rely on.¹¹⁶ As suggested possible alternative sources he dismissed suicides, soldiers and sailors, those who died in the hulks or bodies sold by their owners before death as all being impractical or undesirable. This, he said, was due to difficulties in trying to maintain a record of where an individual who had sold his body before death may be at the time of his death and the poor state of corpses from the hulks which were often so mutilated as to be of little use for teaching purposes. Cooper also considered that suicides made bad subjects for dissection “because all persons who die suddenly soon become putrid.”¹¹⁷ He proposed the use of corpses of those who died unclaimed in workhouses and hospitals as the best solution. He studiously avoided naming paupers as the source of material for anatomical examination, but it was understood that they were the sector of society who inhabited workhouses and used the voluntary hospitals. Those

¹¹⁵ Ibid, appendices: 6, 7, 8, 9, 10.

¹¹⁶ Ibid, 18.

¹¹⁷ Ibid, 19.

with means received medical care in their own homes and died in the company of friends and family.

Benjamin Brodie, surgeon and teacher of surgery at Great Windmill Street School of Anatomy, reported that he regularly carried out post-mortems at St. George's Hospital. He claimed that relatives hardly ever objected, "they considered the examination as a matter of course, and think nothing about it."¹¹⁸ His evidence was intended to show that the lower classes did not fear dissection but he failed to note the difference between the layman's view of post-mortem examination and dissection and that of medical practitioners. A well conducted post-mortem ensured neat, discrete incisions upon the corpse. These were usually centred on the part of the body thought to be diseased with the purpose of ascertaining the cause of death of the patient. The corpse would then be returned apparently intact (sometimes samples were retained by the surgeon) to the family for conventional burial. With dissection the human corporeality was extinguished. The family had little or nothing left to bury, at best a sealed coffin of body parts might be available but just as likely the deceased would be a series of specimens in a hospital museum. However, perhaps the London physician David Barry got to the root of the issue when he said, "dissection abstractly considered, nobody feels any abhorrence to; it is only as connected with their own relatives, or their own future dissection, that they feel anything upon the subject."¹¹⁹ Similarly Thomas Rose, surgeon at St. George's Hospital, agreed "there is a most extraordinary indifference in the poor about what does not immediately and personally concern themselves, however much it

¹¹⁸ Ibid, 25.

¹¹⁹ Ibid, 60.

may affect those in a situation similar to their own.”¹²⁰ It is difficult to know who amongst the general public were aware of the proposed anatomy bill and to find out how they felt about it – the evidence is fragmentary. Newspapers carried letters from their middle class readership all of whom were concerned with poverty being the criteria by which suitability for dissection was judged. Such letters as appeared suggested alternatives for use in medical training.¹²¹ However evidence of working class opposition is harder to find and tends to be indicated through their actions, for example the use of various strategies to avoid pauper burial rather than written evidence. Each witness before the Select Committee was asked *how* important he considered dissection was in medical training not *whether* it was important. The role of dissection in the study of medicine was seen as its cornerstone and this was a view supported by every surgeon or teacher of anatomy examined by the Committee.

In another attempt to justify the Anatomy Act to the poorer section of society, who would have been able to prevent the Anatomy Act from being effective by stating in writing or before witnesses that they did not want their corpse to be dissected, emphasis was placed on the medical benefits their peers would receive from it. In contrast Lawrence has stressed the role that ‘charity patients’ played in allowing practitioners to try out new techniques and medicines which they then used for the benefit of their private patients rather than as a direct benefit for the poorer members of society.¹²²

Frequent references had been made during the evidence presented to the Select

¹²⁰ Ibid, 77.

¹²¹ *The Times*, 5 April, 1828, 3, col., d; 22 April, 1828, 4, col., a; 10 December, 1831, 2, col., d; 18 December, 1831, 3, col., c.

¹²² Lawrence, *Charitable Knowledge*, 27.

Committee on Anatomy that the wealthy could always afford to pay for high quality medical care. However to provide sufficient medical practitioners to tend to the needs of the burgeoning number of people unable to pay for their services would necessitate training a much larger number of medical students. For them to be suitably proficient in medicine and surgery they needed to practice dissection and for that corpses had to be made available. So by allowing the use of unclaimed pauper corpses to expand medical education, it could be argued, the greatest benefit would accrue to the working classes themselves.¹²³

Medical witnesses put forward possible solutions to the shortage of anatomical material. In his evidence Richard Grainger, teacher of anatomy at the Webb Street School of Anatomy, said that overseers of the poor and hospital administrators, who were to be given legal ownership of an unclaimed body under the suggested legislation, would be able to choose whether to send the body, via the inspector, for dissection or to provide a burial for it. Grainger, whose opinion on this point differed from other witnesses, said “I think it is extremely important that the feelings of the public should not be outraged; and as the impression is against anatomy, it would be necessary to be prudent; but I am afraid if exhumation is stopped, that for some time at least, unless a compulsory law is passed, the schools of London would be entirely stopped.”¹²⁴ However his opinion was coloured by his circumstances. Those anatomists attached to a hospital would be able to utilise unclaimed corpses, that is those whom neither friends nor relatives claimed for burial, from their own hospitals as well as receiving corpses from the local workhouse

¹²³ Evidence of the Select Committee on Anatomy, 15, 43, 66.

¹²⁴ Ibid, 47.

with whom they frequently had a close working relationship. However teachers of anatomy in the private anatomy schools, such as Grainger, would have had to compete with them for the corpses available from the workhouses whilst not enjoying the supply from the hospitals and so would clearly be at a disadvantage. Only by making it mandatory that all unclaimed bodies were to be sent for dissection did he think there would be enough corpses to supply the needs of all the anatomy teachers. It was also proposed that there should be a time delay before the body could be removed, opinion varied between twenty-four and seventy-two hours, to allow relatives time to claim it for burial. However since it was the practice at most hospitals to allow visiting on just one day a week the onus would be on the authorities to seek out the family of the deceased, not necessarily an easy task, thus allowing for the situation where a corpse could be delivered and dissected before the relatives even knew about the death.

Finally the question of the decent disposal of the corpse after dissection was addressed. It was agreed that a proper burial would be required to reassure society of the respect anatomists displayed towards the corpses. Gooch raised the issue of the burial of remains of dissected paupers in an article in the *Quarterly Review*. He considered the greatest objection to the attempt at legislation was that “it compelled anatomists to bury the body which they had dissected, under a penalty of fifty pounds.”¹²⁵ He asked if its proponents understood what the term dissection meant. Gooch explained that “dissectors are as thorough workmen as putrefaction and the worms. To trace the fragments of a

¹²⁵ Gooch, “Unlawful Disinterment”, 12.

dissected body would be something like tracing the atoms of a buried one.”¹²⁶ By compelling the burial of all parts of an individual the proposed law would also inhibit the preparation of museum specimens and skeletons, both essential tools in the education of medical students. The Select Committee’s recommendations did not seek to inhibit medical education, their aim was rather to ensure that decency prevailed by requiring that each corpse was placed in one coffin and not mingled with those of another body so allowing a dedicated funeral for each individual. Although reassurance was needed that an essential rite of passage had been observed those involved in the practice of dissection knew that it would be extremely difficult to comply with this requirement.¹²⁷

In general the medical practitioners who were questioned by Warburton were all keen to see legislation which would enable them to teach their students without having to rely on bodysnatchers for their supply of corpses. The unclaimed poor from workhouses and hospitals seemed to them to provide the best source of material, as Brodie said, “the fittest persons in society for dissection, are those who have no friends to care about them.”¹²⁸ However this was not the first time such a source had been made available to anatomists. In 1636 William Gordon, Professor of Medicine at Aberdeen, had been allowed to use the corpses of abortive babies, foundlings and the destitute poor who died at the hospital to illustrate his anatomy lectures. By the end of the seventeenth century Edinburgh medical schools had been granted permission to dissect those who died at Paul’s poorhouse in the city and had no one to pay for their burial, while elsewhere in the

¹²⁶ Ibid, 13.

¹²⁷ Evidence of the Select Committee on Anatomy, 11, 38.

¹²⁸ Ibid, 24.

city the stillborn, suicides and foundlings were also allowed to be used for dissection. The only condition attached by the town council was that the intestines had to be buried within two days of commencement of the dissection and the rest of the corpse within ten days.¹²⁹ Other surgeons, working in voluntary hospitals, made anatomical use of patients who died without friends or relations to claim them, as regularly occurred at the London Hospital and Guys Hospital during the 1820s.¹³⁰ The dissection of unclaimed corpses within hospital premises was hidden from public view, especially at hospitals like St. Thomas's, London, and Addenbrooke's, Cambridge which had their own burial ground attached.¹³¹ What is more surprising is that the Leeds Union Board of Guardians had agreed to allow unclaimed pauper corpses to be dissected by local anatomists for at least a year prior to the passing of the Anatomy Act.¹³² However, as Richardson has pointed out, the Guardians of the Leeds Union were very supportive of the aims of the Anatomy Act and so their decision may be regarded as pre-empting an Act that they felt sure was going to become law.¹³³ In some ways these examples seem to suggest that the 1832 Act was not as radical as we might think. However these supplies were small scale, local arrangements which appear to have attracted little attention and can be viewed as the actions of teachers of anatomy who took whatever chances presented themselves to further the cause of medical education in their own establishments rather than a concerted attempt to solve the supply problem.

¹²⁹ Bailey, *Resurrection Men*, 20.

¹³⁰ Evidence of the Select Committee on Anatomy, 93. Benjamin Harrison, Treasurer to Guy's Hospital estimated that about forty corpses a year were unclaimed and available for dissection.

¹³¹ Evidence of the Select Committee on Anatomy, 38.

¹³² Bailey, *Resurrection Men*, 82.

¹³³ Richardson, *Death, Dissection and the Destitute*, 230.

Further evidence was taken by the Select Committee on Anatomy from witnesses who had experience of dissection across Europe. Herbert Mayo, surgeon at the Middlesex Hospital and lecturer of anatomy at the Great Windmill Street School of Anatomy, reported that in Holland a perfectly ample supply of corpses came from civil hospitals and that public dissections were held in the principal towns and he had seen no public prejudice against dissection anywhere in that country.¹³⁴ James Somerville, lecturer of anatomy at the Windmill Street Anatomy School, agreed that public dissections were an excellent means of educating people not to fear the work of the anatomist. In France, he said, the dissecting rooms were open to the public and he believed there was no prejudice against the practice in the French people.¹³⁵ In Portugal bodysnatching was unknown; corpses being supplied from charitable hospitals. In Germany prisoners, paupers, suicides and prostitutes were used. An interesting move, discernible only in Germany, was that the family of such deceased people could pay the anatomical school a fee and have the body given over to them for burial instead of it being dissected.¹³⁶ Gaetano Negri, in relating that paupers from hospitals provided Parma and Bologna with dissection material, said, “in general poor people will consider it a duty to give their bodies for public instruction, in reward for the charity which they received.”¹³⁷ The only contradictory evidence came from Granville Pattison. In America he claimed medical students were involved in bodysnatching from the mass pauper graves on the outskirts of

¹³⁴ Evidence of the Select Committee on Anatomy, 42.

¹³⁵ Ibid, 50.

¹³⁶ Ibid, 62.

¹³⁷ Ibid, 66.

Baltimore and Philadelphia to provide corpses for their own course of study or else they bought them direct from bodysnatchers.¹³⁸

Warburton then questioned three resurrectionists. They appear to have been called to give evidence in order to affirm the view of the Committee that if the law were changed then bodysnatching would no longer be a viable trade and would cease completely.¹³⁹ It seemed that they had accepted that their trade was coming to an end due to increased graveyard security, more vigilant policing of their activities and an increasing reluctance by anatomy teachers to trade with them following the prosecution of medical men for possessing stolen bodies. The identity of the resurrectionists is not known for certain, they were simply referred to as AB, CD and FG in the report.¹⁴⁰ As part of his evidence CD, the resurrectionist believed to be Joshua Nichols, stated that he no longer supplied bodies to the anatomists of London as he had previously done and that, in his opinion, the best source of bodies for dissection would be those from workhouses.¹⁴¹ Following the completion of the Select Committee's investigations Nichols was given a job at St. Thomas' Hospital dissecting room.¹⁴² The identity of AB and FG remain unknown although it has been suggested by Wise that AB may have been John Bishop.¹⁴³

The Committee concluded "that it should be lawful for the overseers and managers of the poorhouses or workhouses, for the governors of prisons and of hospitals, to give up

¹³⁸ Ibid, 69.

¹³⁹ Ibid, 70, 118.

¹⁴⁰ CD made reference to a book to corroborate his evidence so it is possible that CD was Joshua Nichols, the author of the diary discussed by James Bailey.

¹⁴¹ Evidence of the Select Committee on Anatomy, 118.

¹⁴² Richardson, *Death, Dissection and the Destitute*, 69.

¹⁴³ Wise, *Italian Boy*, 36.

to any physician who may be a teacher of anatomy, for the purpose of dissection, the bodies of those persons who might not be claimed within a specified time by any friend or relative”¹⁴⁴ and who had not previously declared before two witnesses that they did not want to be dissected. After dissection the remains were to be decently interred at the expense of the anatomists. Despite alerting parliament to the extent of the resurrectionist’s activities and the absolute necessity to find a legal method of supplying the medical profession with the material they required to ensure well-qualified surgeons the report was shelved and nothing more was done at that time.

The work of the Select Committee on Anatomy prompted a debate that echoed the issues raised by the Committee’s witnesses. *The Times* published a flourishing correspondence from surgeons, churchwardens, clergymen and other individuals each giving their own views on the solution to the ‘dissecting problem.’¹⁴⁵ Much of what was suggested seemed to be based on the distinction between the ‘deserving and undeserving poor’.¹⁴⁶ The historian James Gregory has defined the ‘deserving poor’ as those suffering “honest poverty...through no fault of their own,” and the ‘undeserving poor’ as individuals “driven into poverty by their own feckless behaviour.”¹⁴⁷ The use of these terms in this thesis closely follows this definition supplied by Gregory. In a letter to *The Times*, signed simply Chirurgus, objection was made to inmates from workhouses being used because the author saw it as “visiting poverty with that which has hitherto been inflicted on

¹⁴⁴ *Hansard*, 2d ser., 20 (1828), col. 999.

¹⁴⁵ *The Times*, 5 April, 1828, 3, col., d; 19 April, 1828, 7, col., b; 22 April, 1828, 4, col., a; 23 April, 1828, 2, col., a; 2 May, 1828, 2, col., c; 21 August, 1828, 3, col., c.

¹⁴⁶ Geoffrey Best, *Mid-Victorian Britain 1851 – 75* (London: Fontana Press, 1979) 150.

¹⁴⁷ Gregory, “Poverty,” 49; Lawrence, *Charitable Knowledge*, 8; Kidd, *State, Society and the Poor*, 47.

crime.” He went on to point out that, “in a country like this, where, by the vicissitudes of human affairs, it is no uncommon thing to find *virtuous* and *well-educated* persons, once in *affluence* and *respectability*, dying friendless in hospitals and workhouses, it would be a measure quite out of consonance with the feelings of society” to use such people (italics in original).¹⁴⁸ Chirurgus was not commenting on the really poor in his letter, the terms he used indicated that he was referring to that great body of industrious clerks, shopkeepers and artisans who strove for respectability through hard work and self-reliance but who could easily be brought to poverty by ill-health or adverse economic trends, factors beyond their control but which could easily destroy their fragile affluence. However Richardson has shown that once the implications of the Anatomy Bill became known “people already in workhouses reacted with terror to the prospect of being dissected.”¹⁴⁹ Chirurgus’ letter seems to indicate that if paupers were to be claimed for dissection and the assiduous working class feared they could fall into that category at some uncertain future time, they would strenuously resist any move to legalise the use of such corpses for anatomy. However the undeserving poor, “the notorious rogues, vagrants and prostitutes, most of whom live and die incumbent on the public,” were considered suitable for the anatomist’s knife.¹⁵⁰

The reporting of the evidence of the Select Committee and the correspondence it had generated in the newspapers meant that the reading public were already alerted to the issue of dissection when the scandal of Burke and Hare hit the headlines. The wealth of

¹⁴⁸ *The Times*, 5 April, 1828, 3, col., d.

¹⁴⁹ Richardson, *Death, Dissection and the Destitute*, 128, 130.

¹⁵⁰ *The Times*, 5 April, 1828, 3, col., d.

evidence and reports of burking at this time gives the impression that killing to obtain material for dissection was a new event. However Bailey recorded an incident from 1752 which shows it was a much older phenomenon. Two women from Edinburgh, Helen Torrence and Jean Waldie were convicted of kidnapping a young boy and suffocating him. They then sold his body to a surgeon for 2s 10d for the purpose of dissection. Both women were found guilty of murder, executed and in turn their bodies were given over to the surgeons to be anatomised.¹⁵¹

However the scale of Burke and Hare's crimes and the widespread coverage they received in *The Times* and regional papers ensured that the phenomenon of murdering to provide dissection material became known as "burking."¹⁵² Burke and Hare initially took the opportunity to supply the corpse of an old man who had died naturally in Hare's lodging house to the anatomists. It seems to have been only a small step further for them to actively prey on vulnerable, solitary people and murder them to supply the insatiable requirements of Robert Knox for anatomical specimens for his successful private school of anatomy in Edinburgh during the 1820s.¹⁵³ Burke and Hare's catalogue of crime began early in 1828 with the murder of Abigail Simpson followed by Mary Patterson in April. It continued throughout the year but was not detected until the murder of Mary Docherty on 31 October. Burke's lodger, Mr Gray, found Docherty's body and informed the police of his suspicion that Burke had murdered her. Despite the corpse being found at Knox's premises and Gray's statement there was not considered to be enough evidence

¹⁵¹ Bailey, *Resurrection Men*, 33.

¹⁵² *The Times*, 31 December, 1828, 3, col., b.

¹⁵³ *Ibid.*

to bring the case against Burke to court. Then Hare agreed to turn King's evidence after being assured that he and his wife would be immune from prosecution and revealed that in total sixteen people had been despatched by Burke and himself. Burke was committed for trial on Christmas Eve 1828, found guilty and executed on 28 January 1829. Such was the notoriety of the case, avidly followed in the newspapers, that when, following his execution, Burke was dissected, between thirty and forty thousand people filed past his body to view the handiwork of the anatomist.¹⁵⁴

Renewed Pressure for Legislation

This scandal added to the demand for legislation. When Warburton again raised the need for a bill in the House of Commons on the 12 March 1829 he referred to the recent occurrences which rendered his proposals of the "utmost importance."¹⁵⁵ Warburton reminded the House of what had recently occurred in Edinburgh and of the horrors of bodysnatching. He asked that they should carefully consider what other measure could possibly put a stop to these atrocities. Warburton was clearly aware that the majority of the British people still held dissection in abhorrence so he needed to appeal to that section of society which stood to gain by his bill to overcome their prejudices and so gain their support in allowing a certain portion of the whole to be sacrificed for the good of the many.

¹⁵⁴ Bailey, *Resurrection Men*, 102; James Bridie, *The Anatomist* (London: Constable, 1947); Owen Dudley Edwards, *Burke and Hare* (Edinburgh: Mercat, 1993); Marshall, *Murdering to Dissect*, 321; Richardson, *Death, Dissection and the Destitute*, 135-137; Sappol, *Traffic of Dead Bodies*, 318-319; Burrell and Gill, "Liverpool Cholera Epidemic," 59.

¹⁵⁵ *Hansard*, 2d ser., 20 (1829), col. 998.

The changes brought about by the trial of Burke and Hare enabled Warburton to resurrect the proposal for an anatomy bill and gave it an urgency it previously lacked.¹⁵⁶ Even Peel, who had recommended keeping the debate over dissection out of the public arena, felt moved to state that “it was painful to allude to the recent Edinburgh murders; but he hardly dared to think that those were the only crimes that had sprung out of the system.”¹⁵⁷ Warburton said he hoped that “the report of the Committee appointed last year has satisfied the members of that House that the evils complained of, arising from the present state of the law upon the subject, were not wholly imaginary.”¹⁵⁸ There had been a certain amount of dissent to the actual need for his bill but since it had become known that people had been murdered to supply subjects for dissection he felt that any opposition to the bill would be swept away. Following a short debate Warburton was given leave to bring in his measure and his “Bill for Preventing the Unlawful Disinterment of Human Bodies, and for Regulating Schools of Anatomy” was introduced to parliament on the 5 May 1829.¹⁵⁹

The Bill’s main proposals were two-fold; to make bodysnatching a crime and to allow the bodies of those who died in prison, hospital or workhouse and who were not claimed for burial by friends or relatives, to be given over to a licensed school of anatomy for the purpose of dissection. However it was not the case that the legislation proscribed that everyone dying in a workhouse or hospital could be sent for dissection. The Bill clearly

¹⁵⁶ Burrell and Gill, “Liverpool Cholera Epidemic,” 7.

¹⁵⁷ *Hansard*, 2d ser., 21 (1829), col. 1489.

¹⁵⁸ *Hansard*, 2d ser., 20 (1829), col. 998.

¹⁵⁹ House of Commons, “A Bill for preventing the unlawful Disinterment of Human Bodies, and for regulating Schools of Anatomy,” *Sessional Papers*, 1829, 200 – 210.

provided several safeguards against that happening. In the first place it was enacted that individuals could leave a written request, or a verbal one witnessed by two or more people, refusing to allow his or her body to be used for dissection. This was recognised as disingenuous by some in parliament. George Robinson, MP for Worcester, said,

The protection the clause pretended to give to those who wished not to have their bodies dissected after death was perfectly nugatory. How was it to be proved that they expressed this negative wish? Persons moving in the class of life of the hon. Member for Bridport, would take care to leave some testimony of their wishes in this respect by will or otherwise; but the poor and ignorant, even if they knew of the provision, would not have the same facilities for expressing such a wish. Instead of requiring a negative to prevent dissection, an affirmative should be required to permit it.¹⁶⁰

For this clause to have been effective those who were alone, without friends or relatives to claim their body in the event of their death, would have had to be informed of their right to opt out of the provisions of the Anatomy Act. The Anatomy Act also decreed that relatives of deceased paupers could refuse to allow the corpse to be dissected even if they could not afford to claim the body for burial themselves. This protective measure would seem to have given the necessary power to those left behind to prevent any of their relatives from being used for dissection against their wishes, but to be successful workhouse and hospital officials would have had to go to considerable lengths to fulfil the letter of the law and seek out the relatives to ascertain if they had any objections to

¹⁶⁰ *Hansard*, 3d ser., 12 (1832), col. 665.

the deceased being used in this way. However there was no obligation upon them to actively pursue this line of enquiry.

In the debate that followed its introduction in the House of Commons there was little substantial opposition. However when the proposed Bill became known outside the House of Commons there was strong opposition from some anatomists.¹⁶¹ They thought that only the larger schools attached to hospitals would be granted a licence and so the private anatomy schools would be forced to close down. Rural doctors thought that they would no longer be able to obtain a corpse to refresh their study of anatomy being at a distance from the city schools. Others suggested that a black market in corpses would develop from Ireland, traditionally a supplier of corpses to mainland Britain, since it was not covered by the bill, thereby making the grave even less secure in Ireland than hitherto.¹⁶² Richardson has put the failure of this first bill down to aristocratic pressure in the Lords where there was far more opposition to it than there had been in the Commons.¹⁶³ A strong paternalistic feeling for all categories of the poor in Britain was evinced by the Earl of Malmesbury who believed the bill was “extremely unpopular out of doors” and the Earl of Harewood who protested that “parliament had no right to pursue people beyond the limits of the grave.”¹⁶⁴

The proposed bill remained dormant never gaining parliamentary time to reopen the debate but always at the forefront of the minds of the medical profession, with

¹⁶¹ Bailey, *Resurrection Men*, 83; Wise, *Italian Boy*, 36-37; Bailey, *Diary of a Resurrectionist*, 93.

¹⁶² *Hansard*, 2d ser., 20 (1829), cols. 998-1005.

¹⁶³ Richardson, *Death, Dissection and the Destitute*, 157.

¹⁶⁴ *Hansard*, 2d ser., 21 (1829), cols. 1747-1748.

Warburton awaiting a change in the general public's perception or some incident which would once again throw it into the centre of the legislative procedure.¹⁶⁵ That incident was the murder of Carlo Ferrari by Thomas Williams, John Bishop, James May and Michael Shields on the 3 November 1831 with the express intention of supplying his body for dissection. This murder became a *cause célèbre* known as the case of the Italian Boy.¹⁶⁶ On the 5 November 1831 Bishop and May called on William Hill, porter to King's College dissecting room, to offer him the corpse of a fourteen year old boy for a fee of twelve guineas. Hill was suspicious about the fresh condition of the body and called Richard Partridge, a demonstrator, to examine it. Under the pretence of obtaining change for a £50 note with which to pay Bishop and May, the police were called and they, along with Williams and Shield, who were waiting outside, were taken into custody. Before going to King's College they had tried to sell the body at Guy's Hospital and to Richard Grainger at the Webb Street Anatomical School without success. An inquest into the cause of death found that the boy had died from repeated blows to the back of the neck with a blunt instrument leading to fatal damage to his spinal cord. During the hearing a further eight boys were reported missing in the area leading to panic across London where it was believed a widespread burking business, like that in Edinburgh two years previously, had developed.¹⁶⁷ Three of the defendants Williams, Bishop and May were committed for trial to the Old Bailey and on the 3 December 1831 all three were found guilty of the murder of Carlo Ferrari and one other unidentified person. They were sentenced to death with the added penalty that their

¹⁶⁵ Richardson, *Death, Dissection and the Destitute*, 185.

¹⁶⁶ Wise, *Italian Boy*.

¹⁶⁷ *The Times*, 8 December, 1831, 6, col., c.

bodies were to be handed over to the surgeons for dissection. May had his sentence reduced to transportation for life but died on board the hulk *Grampus* in the Thames estuary before his sentence could be carried out. Bishop and Williams were executed before a large, hostile crowd and the measure of their interest in the case can be judged from the subsequent sale of over fifty thousand copies of the *Weekly Dispatch* that carried an account of the confessions of the two men.¹⁶⁸

One way to obtain support for the proposed legislation was to make very clear just how heinous a crime burking was. It has already been established that there was a widespread interest in 'death-bed' confessions and that executions were attended by tens of thousands. When Bishop and Williams were executed for the murder of the Italian Boy a crowd of over thirty thousand people had gathered to watch them hang.¹⁶⁹ Whilst awaiting execution Bishop made a full confession of his crimes to the Reverend Theodore Williams, Vicar of Hendon. In it he described how he and Thomas Williams killed their victims before selling them for dissection. The following extract from the confession refers to the murder of another of their victims, Fanny Pigburn.

Williams stepped out into the garden with the rum and laudanum there he mixed them together in a half-pint bottle and came into the house to me and the woman, and gave her the bottle to drink; she drank the whole at two or three draughts she sat down on the step between two rooms in the house, and went off to sleep in about ten minutes. Then Williams and I went to a

¹⁶⁸ Bailey, *Resurrection Men*, 110.

¹⁶⁹ Wise, *Italian Boy*, 229.

public-house and in about half an hour came back to the woman; we took her cloak off, tied a cord to her feet, carried her to the well in the garden and thrust her into it headlong; she struggled very little afterwards, and the water bubbled at little a the top; we fastened the cord to the palings to prevent her going down beyond our reach, and left her and took a walk to Shoreditch and back in about half an hour; we left the woman in the well for this length of time that the rum and laudanum might run out of the body at the mouth; on our return we took her out of the well, cut her clothes off, put them down the privy of the empty house, carried the body into the wash-house of my own house, where we doubled it up and put it in to a hair-box, which we corded, and left it there.¹⁷⁰

Twice, whilst the drug took effect and as Fanny was dying in the well, the men left her to suffer and went for a drink to pass the time. Their calculated method of murder and the disrespect with which they treated the corpse indicated their “lack of common decency.”¹⁷¹ This chilling account from Bishop’s own lips showed all too clearly what the terrible crime of burking meant and why an Act to regulate anatomical supplies was necessary. The case of the Italian Boy received extensive coverage in newspapers and on broadsheets and prompted reports of other cases.¹⁷² For example the *Carlisle Journal*, 9 November 1831, reported that the corpse of a fourteen-year-old boy trussed up in a small box was intercepted on its way from York via Carlisle to Edinburgh when a clerk became suspicious about the size and weight of the package. On examination it was

¹⁷⁰ Ibid, 225.

¹⁷¹ Ibid, 34.

¹⁷² Burrell and Gill, “Liverpool Cholera Epidemic,” 8.

thought that the body had never been buried and was therefore the likely result of a burking. However nothing more could be found out about the boy or who sent the package and so the body was given a decent burial in Carlisle and the investigation was dropped.¹⁷³

Interest in the supply of bodies for dissection was at its zenith; the avid interest in the trials and execution of those associated with the supply was in danger of becoming a threat to public order.¹⁷⁴ On the 9 December 1831 the Earl of Harrowby presented a petition on behalf of the Hunterian Society calling once again on the government to do something to legalise the supply to anatomy schools.¹⁷⁵ However the Lord Chancellor replied that “in the present excited state of the public mind, it would be as well to avoid all discussion on the subject, and that it would be especially wise to delay any legislative measure regarding it till that excitement had abated.”¹⁷⁶

Warburton, however, considered the time right to try again to get his bill through parliament. On the 15 December 1831 he introduced a revised “Bill to Regulate the Schools of Anatomy.”¹⁷⁷ The title of the bill no longer referred to disinterment of human bodies, possibly in a deliberate attempt to quell the rising hysteria apparent following the high profile burking cases. In the new measure Warburton changed the emphasis from the supply of human corpses, a highly emotive subject, to that of the

¹⁷³ *Carlisle Journal*, 9 November, 1831, 3, col., b.

¹⁷⁴ Burrell and Gill, “Liverpool Cholera Epidemic,” 12.

¹⁷⁵ *Hansard*, 3d ser., 9 (1831), col. 132.

¹⁷⁶ *Ibid*, 133.

¹⁷⁷ *Hansard*, 3d ser., 9 (1831), col. 300.

detached aim of ensuring that anatomy schools were well run and successful. He made use of semantics to conceal the disturbing images evoked by the earlier draft of the bill. The terms “dissecting school” and “dissection” were removed and instead the phrase “anatomical examination” was used.¹⁷⁸ Anatomical examination sounded less destructive than dissection, a term still firmly linked with the fate of murderers and the vile trade of the resurrectionists, and more akin to post-mortem, a procedure which evidence collected by the Select Committee on Anatomy had appeared to indicate was generally seen as more acceptable.

The first attempt to get the bill through the House of Lords in 1829 had failed, in large part, due to the burden of supply being placed on paupers. In the revised bill there was no overt reference to prisons, hospitals or workhouses. Instead the supply of bodies could, in theory, come from any sector of society. Clause 7 of the bill stated,

And it be Enacted, That it shall be lawful for the Executor or Administrator of any Person deceased, or for any party having lawfully the custody of the Body of any such Person, with the Consent of the nearest known Relative of such Person, to permit the Body of such Person to undergo Anatomical Examination; unless, to the knowledge of such Executor or Administrator, or of such party, such Person shall have expressed his desire, either in

¹⁷⁸ Richardson, *Death, Dissection and the Destitute*, 129; Evidence of the Select Committee on Anatomy, 78.

writing at any time, or orally in the presence of one or more witnesses, that his Body after death may not undergo such examination.¹⁷⁹

The phrase “having lawfully the custody of the body” used in this clause presented difficulties. Up until then at no time had there been property invested in a dead body. The reason bodysnatching of a naked corpse was not considered a felony was because the body was not someone’s property and so, in effect, could not be stolen. The Anatomy Bill proposed for the first time to give lawful authority over a body to another person, the workhouse guardians or hospital administrators, who, so long as the body was unclaimed, would be able to give it to any licensed teacher of anatomy or private surgeon. This new power could be seen as marking a fundamental change in the use to which corpses could be put and would lead to a shift in the focus of power between the medical profession and the section of the poor who were to provide the material for the study of anatomy.

In the new draft of the Anatomy Bill Warburton bowed to public pressure and agreed to the removal of the clause that required executed murderers to be dissected, thus breaking the link between dissection and criminality.¹⁸⁰ Through these changes Warburton hoped to gain the support of the House of Commons for his bill and avoid further delay in the passing of an Anatomy Act. However Sir Robert Inglis, MP for Oxford University, acknowledged the improvement over the earlier bill but pointed out that no mention was made in the revised bill about the decent interment of the remains

¹⁷⁹ House of Commons. “A Bill for regulating Schools of Anatomy,” *Sessional Papers*, 1831, 37.

¹⁸⁰ *Ibid*, 39.

following dissection. He still believed that despite the wording of the bill the majority of the bodies supplied under it would be those of the poor. He said that “the great point he desired to establish was, that poverty should not necessarily subject its unhappy victim to the knife of the anatomist.”¹⁸¹ This debate took place late in the day before less than forty MPs leading to Warburton reporting that he had heard of criticism against him for trying to carry his bill through a ‘thin’ House. However in his defence he replied that the House was engrossed in debating the Reform Bill, something so important as to absorb almost the whole time of the House, leaving inconvenient pockets of time for any other matters. Therefore a private individual had to make use of such time if he was to “attempt to originate a legislative enactment.”¹⁸²

Further amendments were introduced which tightened up the definition of who could have legal custody of a body, specifically excluding undertakers and those entrusted with the body only for the purpose of interment from the legal right to dispose of it. It also widened the scope of those who could object to the dissection of an unclaimed corpse being carried out. In its revised state the bill said that the husband or wife or *any* known relative could request that a body be interred without anatomical examination even if an individual had left instructions that his body could be dissected.¹⁸³ Following further discussion the bill was re-committed to try to resolve the outstanding problems. The main points of contention this time were over the number of inspectors to be appointed and their salaries; that the burden of supply was still to fall on paupers dying

¹⁸¹ *Hansard*, 3d ser., 9 (1831), col. 579.

¹⁸² *Ibid*, col. 584.

¹⁸³ House of Commons, “A Bill [as amended by the Committee] for regulating Schools of Anatomy,” *Sessional Papers*, 1829, 82 – 87.

in workhouses as if poverty was a crime, and the undue influence several MPs felt the surgeons were wielding as if the attitude of the general public was not as much, if not more, important. “On what authority,” enquired Henry Hunt, MP for Preston, “had the Committee made its report, except on the evidence of a parcel of surgeons?”¹⁸⁴

The modified bill was republished on the 27 February 1832. New clauses dealt with the specific duties to be assigned to the inspectors and to ensure that anatomy schools outside London and Edinburgh would be adequately supervised. Any person wishing to undertake anatomical examinations was required to give notice of at least one week to the Secretary of State of where they wished to practice anatomy. This was to allow those medical men not associated with a hospital or anatomical school the opportunity to obtain a licence to dissect. The treatment of the corpse came under consideration and it was laid down that it must be removed from the place of death in a decent coffin and following dissection was to be interred in consecrated ground or a public burial ground suitable for whatever religious persuasion the deceased had professed in life. All this was required to be done within six weeks of the anatomist receiving the body. Anyone offending against the Act would be subject to three months imprisonment or a fine of up to £50.¹⁸⁵

On the 11 April 1832 Warburton once again asked for his bill to be re-committed.

Until then Ireland had not been covered by the proposed legislation. It had seemed that

¹⁸⁴ *Hansard*, 3d ser., 10 (1832), col. 838.

¹⁸⁵ House of Commons, “A Bill [as amended on re-commitment] for regulating Schools of Anatomy,” *Sessional Papers*, 1832, 201 – 207.

in Ireland there was a will to wait and see how the Act worked in England, Scotland and Wales and if it proved successful then it might be adopted in Ireland. However following representation from the College of Surgeons in Dublin, Warburton sought to extend the operation of the bill to include Ireland.¹⁸⁶ Mr Ruthven, MP for Kildareshire, opposed the change; he thought it would encourage the parent to traffic with the body of the child, and the child with that of the parent. But Mr. Crompton pointed out that if the bill did not cover Ireland then trafficking in dead bodies would take place from Ireland to mainland Britain, which would produce appalling results for the Irish poor. Despite these objections Warburton was successful in obtaining overwhelming support and Ireland was included in the bill.¹⁸⁷

On the 8 May 1832 the bill was again presented including further amendments. For the first time mention was made of “the divers great and grievous crimes [that] have been committed, and lately murder, for the single object of selling for such purpose the bodies of the persons so murdered.”¹⁸⁸ Warburton was taking the opportunity of reminding parliament of the heinous consequences of not passing this legislation. It also included Ireland under the provision of the Act, and gave forty-eight hours after death as the minimum time before a body could be removed; other aspects of it remained unchanged. On the 11 May 1832 Warburton moved the third reading of the bill. By now the supporters and opponents had become entrenched in their arguments and little new was brought into the debate. On division the bill was passed with just forty-eight MPs

¹⁸⁶ *Hansard*, 3d ser., 12 (1832), col. 310.

¹⁸⁷ *Ibid*, 310-322.

¹⁸⁸ “A Bill [as amended on re-commitment] for regulating Schools of Anatomy,” 202.

present. For a month the Lords debated the bill rehearsing many of the arguments already heard in the Commons, until, on the 19 July 1832 they finally passed it and the *Act for Regulating Schools of Anatomy* became law on 1 August 1832.

Implications of the Act

When the Reform Bill was being debated, there was a liberal hope that a greater proportion of the population would be able to obtain a political voice by being enfranchised. Opposition to this desire has been suggested by F. M. L. Thompson as that, “viewed through the ruling class end of the telescope, all workers, irrespective of their precise status...being property-less were either particularly dangerous as liable to subvert property and the social order, or at least at best not worthy of political recognition as being incapable of taking a balanced and responsible view of the public interest.”¹⁸⁹ This view highlighted the irony of the position of paupers; they were property-less and viewed as a danger to property yet they were to be made the only sector of society who had property invested in their very bodies. Because despite the Anatomy Act stating that anyone who died unclaimed for burial by family or friends *could* be dissected, overwhelmingly the group so used were paupers from union workhouses.¹⁹⁰

¹⁸⁹ F.M.L. Thompson, *The Rise of Respectable Society: A Social History of Victorian Britain 1830-1900* (London: Fontana, 1988) 15-16.

¹⁹⁰ Richardson, *Death, Dissection and the Destitute*, 121 – 125.

It is worth considering why investing an official with the legal disposal of an unclaimed corpse should have caused any opposition from people who had never known the individual. By the end of the eighteenth century the body had come to be seen as having intrinsic value.¹⁹¹ The physical shell and the characteristics of the person were fused so that their morals, actions and views were regarded as one and the same. This whole person transcended death and in that liminal zone between the end of life and natural decay the corpse maintained the value it had while still alive. To do anything to the body which would have diminished its dignity whilst alive would do the same even though it was dead.¹⁹² Anecdotal reports of abuses which took place in dissection rooms and of the disrespectful way corpses had been trussed up and touted around anatomical schools by bodysnatchers were widely known and there was a wish that similar atrocities would not continue once the supply of material had been given a legal basis.

The majority of politicians, led by Peel, had advocated keeping the requirements of the Anatomy Act as low-key as possible to avoid exacerbating the fears of the general public. However local and national newspapers, broadsheets and magazines all published letters and articles on the subject whilst rumour was rife in public houses, lanes and courts on the treatment meted out to those unfortunate enough to die whilst in workhouses or hospitals.¹⁹³ The desire on the part of the authorities to keep any activity or discussion concerned with the implementation of the Act as secret as possible

¹⁹¹ Jones, *Speaking for the Dead*, 57; Lawrence, *Charitable Knowledge*, 27.

¹⁹² Bonner, *Becoming a Physician*, 74; Jones, *Speaking for the Dead*, 41; Sappol, *Traffic of Dead Bodies*, 79.

¹⁹³ *Great Yarmouth Advertiser and Gazette*, 15 June, 1901, 5, cols., d, e; *Norwich Mercury*, 8 May, 1901, 3, cols., d, e; *The Times*, 15 December, 1842, 3, col., d; 19 June, 1848, 7, col., f.

stemmed from the view that it was “not a fit subject for popular discussion.”¹⁹⁴ It was felt that if corpses could be supplied “without the public hearing about it and making a fuss, the object desired would be attained certainly and secretly.”¹⁹⁵ Marshall has contrasted this post-1832 attitude towards the supply of corpses with that prior to the Anatomy Act. He suggested that bodysnatching and burking had been public events, well recorded in newspapers and known through personal experience by, for example, visits to despoiled graves. The intention of the Act was to provide an “out of sight supply-line of bodies to the surgeons.”¹⁹⁶ However it is possible to argue that the post-1832 climate of distrust, as shown by those poor enough to fear becoming anatomical material after death, towards anatomists and poor law authorities ensured that issues surrounding the working of the Act were still very much public knowledge. No matter how circumspect the authorities tried to be scandals over the misappropriation of corpses, unsatisfactory interments, and the ‘hidden’ operations of union workhouses behind prison like walls, fuelled general animosity for the rest of the century. Whenever animosity turned into riot the medical profession became increasingly alarmed and renewed their resolve to hide their activities even more carefully.¹⁹⁷

The negative attitude of poorer members of society towards the Anatomy Act was reinforced in several ways. A significant cause for concern, when the Anatomy Bill was first proposed, was the link between the fate of murderers and paupers. By making both

¹⁹⁴ *The Times*, 17 April, 1844, 2, col., f.

¹⁹⁵ Local Board of Government Letter Book 1903, (undated letter), MH74/37, National Archive, London.

¹⁹⁶ Marshall, *Murdering to Dissect*, 72.

¹⁹⁷ Lewes, *Southwood Smith*, 38; Weatherall, *Gentlemen, Scientists and Doctors*, 217; *The Times*, 5 September, 1832, 3, col., a.

available for dissection it was said that the poverty was linked with criminality. The Act, by repealing dissection as a punishment for murder sought to remove this prejudice. In effect it alienated paupers even more by making their situation not just as bad as that of convicted murderers, but even worse. Under the Act, murderers were to receive intact burial, albeit inside the prison grounds, whilst for some paupers their fate was to be dissection followed by burial in an unmarked grave. In his poem of 1826 the poet Thomas Hood summed up these fears by his description of the disposal of a woman's body parts amongst the great anatomists of the age before having her say in the final stanza,

Don't go to weep upon my grave
 And think that there I'll be;
 They haven't left an atom there
 Of my anatomie.¹⁹⁸

Following the passing of the Anatomy Act acrimony moved from individuals who had previously exploited the poor through bodysnatching and burking and focused instead on the medical establishment and the government.¹⁹⁹ By September 1832 Manchester was in the grip of the first cholera epidemic to sweep across Britain.²⁰⁰ Outside the cholera hospital a crowd of several thousand people gathered on the evening of the third in an attempt to obtain retribution for the four year old grandson of John Hare who they

¹⁹⁸ Thomas Hood, *A Parody on Mary's Ghost*, cited in Wise, *Italian Boy*, 172.

¹⁹⁹ Wise, *Italian Boy*, 169; Bynum, *Practice of Medicine*, 75.

²⁰⁰ Michael Durey, *Return of the Plague: British Society and the Cholera 1831 – 2* (Dublin: Gill and MacMillan, 1979) 72 – 73; Burrell and Gill, "Liverpool Cholera Epidemic," 478 – 498.

believed had been murdered inside the hospital so the surgeons could use his body for dissection. Following suspicions about the sudden death of his grandson, Hare had exhumed the body and found that there was no head inside the coffin, its place being taken by a brick to make up the weight. In the ensuing riot much damage was done to the fabric of the hospital and infected patients were 'liberated' and sent about the town, some of whom died shortly afterwards. An editorial in *The Times* reported,

We regret this circumstance the more, as, connected with the new anatomy bill, it will create alarm in the minds of those whose circumstances may require hospital relief, that if they die, like this poor child, under medical treatment, their bodies may be refused to their relatives, as his was to his grandfather, and reserved for anatomical dissection.²⁰¹

Under the circumstances it was a poorly considered judgement to use a cholera victim for dissection. The authorities, in this and subsequent epidemics, found it difficult enough to make people enter hospital for treatment and even the suspicion of the misappropriation of material had serious consequences.²⁰² Cholera myths were circulated across Europe causing widespread fear of the disease and how it was managed by governments. In Russia, Nancy Frieden stated, it was believed that the government had wilfully introduced the disease in order to kill a proportion of the population. As if to confirm that view hundreds of ships with thousands of peasant passengers on board were held in Astrakhan harbour while the medical officers investigated the health of the

²⁰¹ *The Times*, 5 September, 1832, 2, col., d.

²⁰² Burrell and Gill, "Liverpool Cholera Epidemic," 1 – 2.

passengers before allowing them to disembark. Eventually, as food and water began to run out and people became ill, a government ship arrived but the only cargo it carried was hundreds of coffins.²⁰³ This made those on board the ships think that the government had always planned to kill them so that they could be used for dissection. “There is not a greater obstacle to the advancement of surgical science, than the popular prejudice against human dissection; and, in all countries, this superstition is strongest in the least educated of the people.”²⁰⁴

Like all other sections of society, paupers held a deep-rooted fear of dissection.²⁰⁵ In singling them out as being the main supply of subjects for dissection the Anatomy Act did nothing to allay their hostility towards it. An illustration in *Punch* showed a poor man lying on his bed praying that death might take him before he was forced to enter the workhouse where he believed his corpse would be given over to the anatomists.²⁰⁶ This fear was further articulated in a poem by John Bundy, an eighty-seven year old inmate of the Eaton Socon workhouse in Bedfordshire.

A poor man when he reaches four score,
And has done all he can, can do no more;
To ask for relief, it makes him afraid,
Since they took up with this bodysnatching way,

²⁰³ Nancy Frieden, “The Russian Cholera Epidemic, 1892 – 93, and Medical Professionalization,” *Journal of Social History* 10, (1977): 538-553.

²⁰⁴ “Objections to Dissection,” *Lancet* 36, (1841):869.

²⁰⁵ Richardson, *Death, Dissection and the Destitute*, 27, 219 – 222.

²⁰⁶ “The Poor Man’s Friend,” *Punch*, (1845), in *Death in England: An Illustrated History*, eds. Peter Jupp and Clare Gittings (Manchester: Manchester University Press, 1999) 226.

He must go and die in the Union! ²⁰⁷

Antipathy for the Anatomy Act did not stop at the point of dissection but carried over into the way the anatomised corpse was eventually buried. Lord John Russell was concerned that teachers of anatomy were not complying with the part of the Act which required a decent burial within six weeks of receiving the body. Due to malpractice “they have not failed to excite considerable anxiety in the minds of those on whom the Schools depend for their supply.” ²⁰⁸ He hoped that the teachers of anatomy would take all steps necessary to ensure that no further incidents occurred to distress the poor. However it appears to have been quite normal to bury up to six dissected bodies at a time in a common grave to save expense to the medical schools. ²⁰⁹ All the body parts from one corpse should have been labelled so that they could be placed in a coffin together but since the process of anatomy frequently resulted in reducing the body to its most minimal structures and some parts were retained for medical school museums it was apparent that in many cases the parts to make up the entire body could not be reassembled and in some circumstance even parts from several bodies would be placed in the same coffin. As the rituals around death became increasingly elaborate in middle-class Victorian Britain as described by John Morley, Ralph Houlbrooke and Pat Jalland

²⁰⁷ Cited in Norman Longmate, *The Workhouse* (London: Temple Smith, 1974) 147.

²⁰⁸ Home Office Anatomy Entry Book, General circular to Schools of Anatomy, 1839, HO83/1, National Archive, London.

²⁰⁹ Elizabeth Hurren, “Patients’ rights: from Alder Hey to the Nuremberg Code,” *History and Policy*, (2002), <http://www.historyandpolicy.org/papers/policy-papers-03.html>

amongst others, poorer people wanted more than an unmarked grave containing an incomplete corpse as the final resting place of the most unfortunate amongst them.²¹⁰

Infringements of the Anatomy Act ensured that the use and misuse of human corpses remained a matter of concern. Speaking in 1834 Somerville said that his experience of the two years since the passing of the Act had shown that bodysnatching had been totally destroyed as an occupation and there was not a single resurrection man to be found throughout Britain, further “there had [not] been a single case of disinterment since the passing of the Act.”²¹¹ In contrast with Somerville’s view was an article published in the *Lancet* in 1833 which reported the sacking, without references, of William Hill, the dissecting-room porter at King’s College, London. Hill had been instrumental in alerting the authorities to the burking of the Italian boy by Bishop and Williams and as such no other resurrectionists would supply corpses to King’s whilst he was still employed.²¹² This report seems to indicate that in London in the year following the Anatomy Act bodysnatching was still taking place and providing anatomy schools with corpses. Likewise other infringements of the Anatomy Act took place in Norfolk. Sarah Watling’s body was stolen from Swanton Abbot’s churchyard on 2 December 1832 but the men responsible, Nathaniel Canham and George Ives, were apprehended before they could sell it and were later tried in Norwich for bodysnatching.²¹³ The concern of the middle classes over the safety of the grave continued for many years after the Anatomy

²¹⁰ John Morley, *Death, Heaven and the Victorians* (London: Studio Vista, 1971); Houlbrooke, *Death, Ritual and Bereavement*; Jalland, *Death in the Victorian Family*.

²¹¹ *The Times*, 21 November, 1834, 1, col., c.

²¹² Wise, *Italian Boy*, 275.

²¹³ Mackie, *Norfolk Annals*, 319.

Act became law as can be seen by an article from 1839 which read “A tomb of novel construction has lately been erected in Diss churchyard. It is constructed entirely of cast-iron, and for neatness, security and durability excels anything of the kind we have ever noticed.”²¹⁴

Undoubtedly the incidence of bodysnatching declined in Britain after 1832 but corpses were not necessarily safe in their graves. The disgraceful condition of overcrowded churchyards in the first half of the nineteenth century has been well documented.²¹⁵ To make room for further interments coffins were regularly smashed and their contents dug up. “In this management of the ground, former occupancy is disregarded” wrote George Walker, “coffins are remorselessly broken through, and their contents heaped together, in wild confusion, or scattered carelessly over the surface, exposed to insult lewd and wantonness.”²¹⁶ Sometimes the mingled bones would be re-buried on top of the new coffin but on some occasions the bones would be collected together and sent to mills in the north of England where they were crushed and spread on the land as a fertiliser. There was also a market for coffin wood as fuel, for coffin nails in shipbuilding and for the coffin handles which could be reused.²¹⁷ Unlike bodysnatching these atrocities could affect all class of people, at least until new cemeteries, such as those at Kensal Green and Highgate for example, were opened which with their increased security and better management offered the middle-classes a safe resting place. Until the Burial Acts of the

²¹⁴ Ibid, 385.

²¹⁵ Brooks, *Mortal Remains*, 2; Hugh Meller, *London Cemeteries* (Aldershot: Scolar Press, 1994) 5; Rugg, “Rise of Cemetery Companies,” 130-144.

²¹⁶ George A. Walker, *Gatherings from Graveyards* (London: George A. Walker, 1839) 198.

²¹⁷ Ibid, 218.

1850s, which served to finally close overcrowded churchyards to further burials, the burden of grave despoliation fell mainly on the poorer section of society; the unclaimed were dissected, paupers who were buried by the parish ended up in unmarked, sometimes communal, graves whilst even those who could afford a burial in a churchyard may have had a very short tenancy before being dug through to make way for more incumbents.

It has been shown that much remained to be done after 1832 to gain general acceptance of the Anatomy Act. The Act had gone some way, by focusing the source of supply for anatomical material onto paupers, to remove the fear of dissection from the middle and upper sections of society. However for anyone whose economic circumstances were vulnerable through ill-health, age or under-employment dissection continued to be as potent a fear as when Chirurgus wrote in 1828 of “virtuous and well-educated persons, once in affluence and respectability, dying friendless in hospitals and workhouses,”²¹⁸ and as Kidd has shown continued through mid-century²¹⁹ and into the twentieth century where Gregory’s study of riots in 1903 – 1904 indicate that the “fears of the workhouse” drove the unemployed to drastic action.²²⁰ In my analysis of these issues in the ensuing chapters I seek to indicate that the continuing fear of dissection influenced decisions made by central and local government officials as well as colouring the response of paupers to entering workhouses.²²¹ Warburton had foreseen some of these difficulties

²¹⁸ *The Times*, 5 April, 1828, 3, col., d.

²¹⁹ Kidd, *State, Society and the Poor*, 47.

²²⁰ Gregory, “Poverty,” 46.

²²¹ Hurren and King, “Begging for a Burial,” 321.

and his Act had made provision, for the first time, for the appointment of inspectors to oversee its implementation. It is with their role that the next chapter is concerned.

Chapter 3

Inspectors of Anatomy

Inspectors of anatomy were appointed to oversee the working of the Anatomy Act, ensuring that an adequate supply of corpses were made available and that accurate records of the movement and subsequent burial of the bodies were maintained. Marking, as they did, the first ever government appointed inspectorate surprisingly little has been written about the role of inspectors of anatomy. Until recently little dedicated research other than that by Richardson, dealing chiefly with the first ten years of the Act, has appeared which reviews the effectiveness of the inspectorate in implementing the Anatomy Act.¹ This neglect is surprising given that historians have traditionally considered the introduction of inspectorates during the nineteenth century as being an extremely important factor in the development of centralised government reform. Both W. L. Burn and O. MacDonagh considered the appointment of inspectors as immensely important, that their influence was so pervasive that they effectively regulated the operation of whatever area they worked in. H. Parris called them “zealots” describing them as people who held strong views and chose to become involved in inspectorates because they believed they could put their views into action once appointed.² In contrast

¹ Richardson, *Death, Dissection and the Destitute*; Helen MacDonald, “Procuring Corpses: The English Anatomy Inspectorate, 1842 – 1858,” *Medical History* 53, (2009): 379 – 396; Michael J. Durey, “Bodysnatchers and Benthamites: The Implications of the Dead Body Bill for the London Schools of Anatomy, 1820 – 42,” *London Journal* 2, (1976): 200 – 225.

² W. L. Burn, *The Age of Equipoise: a study of the mid-Victorian generation* (London: Allen & Unwin, 1964); O. MacDonagh, “The nineteenth century revolution in government: a reappraisal,” *Historical Journal* 1, (1958):52-53; H. Parris, “The nineteenth century revolution in government: a reappraisal reappraised,” *Historical Journal* 3, (1960):17-37.

Peter Bartrip has suggested that the power of various inspectorates has been overstated and that their influence on government policy was minimal since their effectiveness in their own sphere of operation was often hampered by poorly framed legislation which left them unable to adequately enforce the law.³

I argue that the anatomy inspectorate was a completely new idea and introduced into the debate on the Anatomy Bill as a measure to reassure that such a sensitive subject as the use of human remains would be adequately monitored and regulated. MacDonald has indicated that both those supporting the bill as well as critics of it wanted some form of regulatory body to be involved with the critics seeking “extensive investigatory powers” for inspectors whilst defenders of the bill sought a minimal role for them.⁴ This chapter considers how and why inspectors failed to control the distribution of cadavers. I show that, in practice, the inspectors of anatomy were hampered by resistance from various parties and by the need for secrecy imposed upon them by Home Secretaries leading to a reluctance to prosecute transgressions which rendered them ineffective as a regulatory body. Thus the inspectors ultimately failed to control – or even have a significant influence – over the use or the distribution of cadavers. The Anatomy Act made provision for offences against Act whereby a three month prison sentence or a fine of up to £50 could be imposed upon a successful prosecution but in the first thirty years following the Act only two prosecutions were brought by the inspectorate.⁵

³ Bartrip, “British Government Inspection,” 605-626.

⁴ MacDonald, “Procuring Corpses,” 382.

⁵ An Act for regulating Schools of Anatomy, 894. The prosecutions of Robert Parrot (1855) and Alfred Feist (1858) will be discussed below.

In large part the inspectors failed because of the secrecy surrounding the Act. The issue of secrecy pertaining to all aspects of the Anatomy Act is a complex one. I argue that knowledge of the use of human cadavers for anatomical examination was widespread amongst all sectors of society but at the same time Home Office directives regularly reminded successive inspectors of anatomy to use the utmost discretion when carrying out their work to avoid bringing the matter of dissection into the public eye. I suggest it was this political pressure which stopped inspectors short of prosecuting offenders.

Other studies have also focused on this issue of secrecy; Michael Durey has shown that inspector James Somerville was unable to achieve his aim of keeping his work secret ⁶ as has Hutton due to the “indiscretions on the part of the authorities concerned with the supply of subjects for dissection” which were seized upon by the editors of newspapers who were always on the lookout for sensational stories with which to “pander to the prejudices of the unlearned.” ⁷

Much of what has been written on the anatomy inspectorate has concentrated on providing a general overview of its role or concentrated on the work of Somerville in London between 1832 and 1842. ⁸ MacDonald has recently widened the debate to encompass the work of the inspectorate between 1842 and 1858 across the whole of England, but it is in the work of Hurren and Hutton that the regional influence of the

⁶ Durey, “Bodysnatchers and Benthamites,” 212.

⁷ Hutton, “Anatomy Act in Oxford and Manchester,” 127.

⁸ Richardson, *Death, Dissection and the Destitute*; Bartrip, “British Government Inspection”; Durey, “Bodysnatchers and Benthamites.”

inspectorate has been best explored.⁹ In this study I build on earlier works to explore the role of the inspectorate across East Anglia.

This chapter has three main aims; firstly to define the roles assigned to inspectors, guardians and anatomists under the Anatomy Act, secondly to assess how successive inspectors dealt with the challenges they faced from scandals, insubordination and the requirements of the Act itself, and finally to analyse how successful the anatomy inspectorate was in implementing the vision enshrined in the 1832 Act. An extensive search of Anatomy Office correspondence has been undertaken to provide evidence for this chapter. Due to the incomplete nature of the records it has proved impossible to provide a continuous account of the number of corpses made available by the inspectorate throughout the nineteenth century. However in the absence of further data the figures given in the Anatomy Office records, if handled cautiously, do provide sufficient information to allow comparisons to be made at regular intervals between 1832 and 1908.

The task of establishing a practical system of inspection to supervise the implementation of the Anatomy Act fell to James Somerville, the first inspector of anatomy in England. This was not easy since there were major adjustments to oversee as the old system of supply of corpses based on negotiations between anatomists and bodysnatchers came to an end and the unclaimed poor became the main source of anatomical material. He needed to find a way to work with local authorities, medical practitioners and schools to

⁹ Hurren, "A Pauper Dead House"; Hutton, "Anatomy Act in Oxford and Manchester."

encourage them to embrace the requirements of the Anatomy Act. As has been shown in Chapter 2 many medical men wanted change but on their own terms, Somerville's challenge was to overcome any resistance to the Act and encourage all parties to support its aims.

Later anatomy inspectors built on Somerville's system rather than significantly altering it. It can be reasonably proposed that as the century progressed and further inspectorates were formed a refined bureaucratic climate developed with increasing centralisation and administrative control being exercised in many areas of social reform.¹⁰ However I argue that contrary to this centralising trend the inspectors of anatomy not only turned a blind eye to existing local arrangements but often actively encouraged them. The law as intended on paper was not the same as the law in action in the workhouses and anatomy schools across the country. The anatomy inspectorate repeatedly avoided using their power to instigate legal proceedings against transgressors of the Act preferring to enter into local negotiations with practitioners and guardians to solve problems with the minimum of publicity. How they handled such delicate matters throughout the century reflects the shifting patterns of power. At times of acute shortage of dissection materials, workhouse guardians and hospital administrators acquired greater influence as they had the power to grant or withhold the use of unclaimed corpses. When corpses were more readily available the strength of medical practitioners increased as they were then able to withhold financial and medical benefits to poor law unions unless they entered into

¹⁰ Jill Pellew, *The Home Office 1848-1914: From Clerks to Bureaucrats* (London: Heinemann Educational Books, 1982) 122-123; Harold Perkin, *The Origins of Modern English Society 1780-1880* (London: Routledge & Kegan Paul, 1969); Gillian Sutherland, *Studies in the Growth of Nineteenth-Century Government* (London: Routledge & Kegan Paul, 1972).

exclusive deals with them to supply corpses. Weaving a path between these groups were the inspectors who attempted to exert control over the situation.

Establishing the Anatomy Inspectorate

The Anatomy Act granted the Secretary of State authority to appoint, in the first instance, “not fewer than Three Persons to be Inspectors of Places where Anatomy is carried on,”¹¹ and to oversee how the inspectors carried out their duties. But, it can be asked, why was it considered necessary by parliament to create the new role of government inspector, the first of its kind, to oversee legislation at all? For the answer to this I think it is necessary to reconsider the position of anatomy prior to 1832. During the debate on the Anatomy Bill, MPs became aware of the symbiotic relationship between bodysnatchers and anatomists. They saw that otherwise respectable members of the medical profession often went to extreme lengths to obtain the subjects they required. They were also profoundly aware of the sensitivity of the proposal to use paupers as the source of anatomical material, since the public were strongly prejudiced against dissection. It was not possible to ensure the secrecy about the use of corpses they desired for political reasons without some form of policing and so the appointment of inspectors, men who understood the issues from personal experience, appeared the best way to ensure all sides played their part as discreetly as possible. Apart from the bureaucratic role of the inspectors it was also expected that they would visit workhouses to explain the Anatomy Act to guardians and encourage them to supply corpses which they would

¹¹ An Act for regulating Schools of Anatomy, 892.

then allocate to anatomy schools on an equitable basis.¹² Each inspector was also required to monitor burial arrangements to ensure that decent interment took place within a specified time scale. Further, they were to inspect schools of anatomy and report back to the Home Office on how effectively they were being run.

Initially two men, Somerville and Craigie, both surgeons, were appointed as inspectors. Somerville was given the whole of England and Wales to police.¹³ He was also responsible for inspecting sixteen schools of anatomy in London and eleven in the provinces.¹⁴ Craigie was responsible for the administration of the Act across Scotland, but in 1836 he was relieved of his position for “want of proper care and attention” and Somerville was appointed to cover Scotland as well.¹⁵ Somerville was advised in a communication from the Home Office that he was expected to spend six weeks a year in Scotland otherwise Lord Russell “would be reluctant to continue you as Inspector of Anatomy for Scotland” further, “it is to be clearly understood also, that the allowance of four hundred pounds per annum to you as Inspector of Scotland is to cover travelling expenses and all other expenses and that there is to be no extra allowance of any description.”¹⁶ Although it was recognized that the work of the inspector was laborious

¹² Between 1832 – 1834 the Anatomy Act worked under the old Poor Law but for simplicity’s sake I use the terminology of the New Poor Law.

¹³ Anne Digby, *British Welfare Policy: Workhouse to Workforce* (London: Faber & Faber, 1989) 32.

¹⁴ Richardson, *Death, Dissection and the Destitute*, Appendix 1; House of Commons, “Evidence of the Select Committee on Medical Education,” *Sessional Papers*, 1834, question 6794.

¹⁵ Home Office Anatomy Entry Book, Phillipps to Craigie, 29 November, 1836, HO 83/1. Craigie’s work was hindered by hostility from Edinburgh surgeons who resented his interference.

¹⁶ Home Office Anatomy Entry Book, Phillipps to Somerville, 3 July, 1837, HO 83/1.

and the Anatomy Act allowed for the appointment of more inspectors by the Home Secretary, Somerville continued working alone for a further six years.¹⁷

Somerville was the only inspector ever to work alone. Between 1832 and 1905 nine men held office in England and Wales, three worked solely in London, four in the provinces and one, John Bacot, was inspector for the provinces before transferring to London. The later inspectors were; Rutherford Alcock (London, 1842-44), John Bacot (provinces 1842-44, London 1844-58), George Cursham (provinces 1844-71), Charles Hawkins (London 1858-92), John William Ogle (provinces 1871-76), John Birkett (provinces 1876-96), William Henry Bennett (London 1892-1921) and Thomas Pickering Pick (provinces 1896-1905). All the anatomy inspectors had been medical practitioners prior to their appointment and it was envisaged that they would combine their duties under the Act with the continuation of their medical practices. Accordingly they were initially awarded a token salary of around £100 a year but, as shall be seen, this figure was not always considered acceptable. Their personal authority and status within the medical world varied with both Alcock and Bennett eventually being knighted, whereas Pickering Pick was best known by practitioners for his editorial role in the production of *Gray's Anatomy*.¹⁸ Whatever their position arguably the two most effective inspectors were Hawkins and Bennett. Both served for around thirty years with Bennett taking over from Hawkins in 1892, giving the inspectorate in London sixty-three years of stable guidance.

¹⁷ *The Times*, 22 November, 1839, 3, cols., c, d, e.

¹⁸ *Encyclopaedia Britannica*, 11th ed., http://en.wikipedia.org/wiki/Rutherford_Alcock: Idem, http://en.wikipedia.org/wiki/Thomas_Pickering_Pick

I do not think it is possible to overstate the enormity of the task the inspectors of anatomy faced to ensure the smooth and discreet implementation of the Anatomy Act. To personally oversee the acquisition and disposal of every unclaimed corpse offered for dissection and check on its subsequent burial left little time for the continuation of their private medical work.¹⁹ Not surprisingly by October 1833 Somerville's request for an increase in salary proved successful and the Home Secretary recognised that due to "the laborious duties performed as Inspector of Anatomy" which were "absolutely requisite" to his function his salary was raised to £500 a year. He was told that he needed to keep careful records of his expenditure "in case such as account should be called for by Parliament."²⁰ However Somerville was expected to run the inspectorate without any clerical assistance until 1837 when he was granted a further £100 for a clerk and £52 10s for a messenger to assist him at the Anatomy Office.²¹

The Anatomy Act contained specific administrative instructions which the inspector was expected to follow. To be permitted to dissect human cadavers, medical practitioners had to acquire a licence. Licences could be granted to "any Fellow or Member of any College of Physicians or Surgeons, or to any Graduate or Licentiate in Medicine, or to any Person lawfully qualified to practice Medicine in any Part of the United Kingdom, or to any Professor or Teacher of Anatomy, Medicine, or Surgery, or to any Student

¹⁹ Home Office Anatomy Entry Book, Home Office to Alcock, 3 October, 1842, HO83/2. This letter said that inspectors were no longer to be personally responsible for the supervision of the removal of a body for anatomical examination but that they could appoint a suitable person to delegate for them. This implies that Somerville had been expected to oversee all removals himself.

²⁰ Home Office Anatomy Entry Book, Lamb to Somerville, 8 October, 1833, HO83/1.

²¹ Home Office Anatomy Entry Book, Home Secretary to Somerville, 3 July, 1837, HO83/1.

attending any School of Anatomy.”²² Licences were very specific as to the exact place the holder could dissect, for example when the surgeon Henry Woodroffe Bailey obtained his licence in November 1834 it stipulated that dissections could only take place “in a room situated in a paddock adjoining your premises at Thetford in the Parish of St. Cuthbert’s in the County of Norfolk.”²³

As previously suggested, dissection was considered to hurt the living more than the dead. Most of society was concerned about the way the whole question of supplying material for what had come to be seen as the necessary practice of dissection was handled. However *if* it could be shown that only corpses which no one apparently claimed were used, and *if* even those unclaimed bodies were hedged around by a bureaucratic system of certificates which were regulated and enforced by a government agency then the supply of anatomical material was likely to be acceptable since it meant that the majority of the population would no longer have to fear being disinterred and dissected.

The intention of the Anatomy Act was to provide corpses for anatomical purposes from workhouses and hospitals. Whilst the Act did not actually name workhouse guardians or hospital administrators as the parties involved with supply it was apparent that they were the groups who had the “lawful Possession of the Body” of unclaimed paupers.²⁴ Both these groups were permitted, but not compelled, to allow anatomical examination of

²² An Act for regulating Schools of Anatomy, 892.

²³ Home Office Anatomy Entry Book, Register of Licences, 1832 - 1876, HO83/3.

²⁴ An Act for regulating Schools of Anatomy, 892.

unclaimed paupers by any person who had obtained a licence to dissect, providing neither the deceased nor his relatives had requested otherwise. The Act gave those who had lawful possession of the unclaimed body responsibility for ascertaining that the death was natural, that a certificate of death was provided by a qualified medical practitioner and that the inspector of anatomy was informed of the proposed removal of the body for anatomical purposes twenty-four hours before the body was moved. Furthermore they were compelled to retain the body for at least forty-eight hours after death so that enquiries could be made to ensure it really was unclaimed for burial by a hitherto unknown relative. Once the workhouse or hospital officials had complied with these duties their part in the business was concluded. Further regulations applied to the anatomists who received the cadavers. They had to ensure that the certificate of death accompanied the corpse and that it was in order. Then the certificate had to be passed to the inspector within twenty-four hours. It was an important part of the inspector's work to check that all the necessary certificates were correctly returned at the right time since the information contained in them formed the basis of their quarterly reports to the Home Secretary.²⁵

Sometimes anatomists failed to complete the necessary certificates and had to be reminded by the inspectors of their legal obligations. George Helen of Cambridge University appears to have flouted the rules on a number of occasions. Helen acquired the body of Joseph Jeffery from Saffron Walden workhouse just twenty-four hours after his death and not after forty-eight hours as stipulated in the Anatomy Act. Helen was

²⁵ Unfortunately a comprehensive list of inspector of anatomy quarterly reports is not available in the Anatomy Office records.

contacted by Inspector Cursham and asked to supply the details surrounding this irregularity since “it is necessary to be very cautious lest the public should become aware of your proceedings.”²⁶ It appears that Helen paid little heed to Cursham’s admonition since two years later he received a similar letter once again warning him to be more circumspect in his proceedings but on neither occasion was he prosecuted.²⁷ Anatomy inspectors could provide evidence to the Home Secretary to instigate prosecutions and licences to dissect could be rescinded on their evidence but the overwhelming desire by successive governments to maintain secrecy about the whole business of anatomy tended to lead inspectors to reprimand aberrations and encourage compliance rather than to prosecute if at all possible.²⁸

Further information was also required carefully detailing when the body was received, where it had come from and its personal details regarding name, age and gender.²⁹ This paper chain of accountability was designed to make burking or other foul play impossible. The responsibility for the burial of corpses used for anatomical examination lay with the anatomist who performed the dissection. Sometimes this meant interment in the local churchyard or burial ground, in other cases the remains were returned to the parish they came from for burial. Interment had to be in consecrated ground unless the person was known to have belonged to another religious persuasion in which case burial took place in an appropriate burial ground. All burials had to take place within six weeks

²⁶ Anatomy Office Out-Letters Book, Cursham to Helen, 1861, MH 74/10, National Archive, London.

²⁷ Anatomy Office Out-Letters Book, Cursham to Helen, 28 October, 1863, MH 74/10.

²⁸ Peter Bartrip, *The Home Office and the Dangerous Trades: Regulating Occupational Disease in Victorian and Edwardian Britain* (Amsterdam: Rodopi, 2002) 37-41.

²⁹ An Act for regulating Schools of Anatomy, 893.

of the date on which the body was received for dissection and a further certificate detailing the facts of the burial then had to be sent to the inspector.³⁰

On occasion lecturers came close to being prosecuted for failing to provide a decent burial within the allowed time scale and sending the appropriate documentation to the Anatomy Office. But rather than draw further attention to the situation by a public lawsuit inspectors preferred to try to encourage anatomy teachers to observe good practice. This was the case in Sheffield in 1862 when rather than prosecute the lecturer at the anatomy school for failing to provide a decent burial within six weeks of receiving a corpse the Inspector merely wrote directing his attention to clause thirteen of the Act and reminded him of the requirements therein.³¹

At each stage from death through anatomical examination to burial it can be seen that the Act had been framed so as to try to ensure that all the objections that had been expressed by the public prior to 1832 were overcome. Penalties were written into the law; if at any point an offence, such as the failure to submit forms on time, was discovered by the inspectors then the guilty party would be deemed to have committed a misdemeanour and could be imprisoned for up to three months or given a maximum fine of £50.³² Furthermore the inspectors were required to inform the Secretary of State of any infringements of the law by those holding a licence to dissect and, at his discretion,

³⁰ Ibid.

³¹ "The Anatomy Act," *Lancet*, 4 October, 1862, 377.

³² An Act for regulating Schools of Anatomy, 894.

the licence could be revoked which, particularly for those providing medical education, would have had serious repercussions.

James Somerville – First Inspector of Anatomy

Somerville had been a teacher of anatomy at the Great Windmill Street School in the late 1820s and, like all other anatomists, was involved in the secretive world of corpse acquisition. The inadequacies of supply he experienced led to an alliance with Henry Warburton. As the Anatomy Act was being framed he became keen to be appointed its first inspector.³³ Before his appointment Somerville was confident that given a free hand he would be able to source ample corpses to satisfy all the needs of anatomy schools: he knew how many unclaimed corpses were available, how many cadavers a student required to complete his studies and he expected all educated men to see the merits of ensuring an adequate provision of dissection material.

Once in office Somerville found that he had vast quantities of paperwork to deal with and the tight schedule imposed for the return of each certificate meant that he had little time to personally supervise the movement of each corpse. As has been stated above he ran the day to day business of the Anatomy Office single-handedly until 1837, checking and recording the paperwork associated with all the corpses acquired under the Act and filing quarterly reports. He was also expected to visit each school of anatomy in England, Wales and Scotland and report back to the Home Secretary on the “practice

³³ Evidence of the Select Committee on Anatomy, 48-50; Wise, *Italian Boy*, 174.

and state of the schools.”³⁴ With such a heavy workload Somerville had little chance of supervising every aspect of the provision of anatomical material.

Somerville based his method of distribution of cadavers to anatomy schools on the number of pupils attending each school. This, he maintained, was likely to be the fairest method he could employ. However he encountered immense difficulty in obtaining an accurate register of the number of students at each of the schools. He believed that anatomy teachers returned greater numbers of students than they actually had in order to be allocated more corpses. Somerville claimed that the number of students recorded in London anatomy schools amounted to over three times as many as the Apothecaries Hall stated existed in the City at that time. Eventually he took the decision to base his calculations on the figures supplied by the AS which, although not perfect, he considered to be the best available.³⁵

Somerville’s greatest claim to success was that, under his regime, the Act had put an end to bodysnatching across Britain. Whilst giving his evidence to the Select Committee on Medical Education (1834), Somerville reported that anatomy schools no longer had to rely on bodysnatchers for their supplies but, as a result of the Anatomy Act, corpses were fresher, cheaper and “except from accidental circumstances ... the schools, in general, have been well supplied.”³⁶ The accidental circumstances which Somerville referred to were the mildness of the weather that year and the fact that many weaker

³⁴ Home Office Anatomy Entry Book, Phillipps to Somerville, 13 July, 1841, HO83/1.

³⁵ Evidence of the Select Committee on Medical Education, questions 6766, 6767.

³⁶ Ibid, question 6752.

members of the poor had previously died due to cholera and influenza outbreaks.

Somerville believed “that there never was such a diffusion of comfort among the poorer classes as there is at present; and this affects, not only their mortality, but the proportion of the dead that are given for distribution; for even the poorest classes, from being in full employment, bury their dead, instead of being obliged, as they sometimes are, through poverty, to leave them unclaimed.”³⁷ The variation in the number of bodies available for dissection in any given year continued to create difficulties for medical education in Britain. During the particularly favourable conditions which prevailed during the 1835-1836 session, Professor Clark, at Cambridge, had written to the Home Office to complain that “he supposed Cambridge to be the only university in Europe where the Professor of Anatomy begins and continues his course of lectures under the anxious dread that he may be obliged to cut it short for want of the means of completing its usefulness.”³⁸ In fact that year he did have to suspend his lectures completely due to a lack of a corpse to demonstrate on.

Somerville was keen to show that the Anatomy Act was successful despite the occasional difficulty which he always attributed to factors beyond the scope of the Act to rectify. In his evidence to the Select Committee on Medical Education he claimed that between 1832 and 1833 there was a 28% increase in the number of corpses he had been able to send to provincial medical schools.

³⁷ Ibid, question 6753.

³⁸ Weatherall, *Gentlemen, Scientists and Doctors*, 45.

Table 3.1 Number of Corpses Supplied to Provincial Schools 1832 and 1833 ³⁹

School	Corpses supplied	Corpses supplied
	1832 - 1833	1833 - 1834
Bath	2	3
Birmingham	23	20
Bristol	17	7
Cambridge	-	1
Exeter	1	5
Hull	4	-
Leeds	3	9
Liverpool	6	16
Manchester	13	24
Nottingham	1	-
Sheffield	11	19
Total	81	104

Source: Evidence of the Select Committee on Medical Education, question 6794.

However hidden under this impressive figure were causes for concern. Whilst seven schools received an increase in their supply (some of them only marginally), four

³⁹ I include these figures to show the inspector’s centralized provision of corpses for provincial schools of anatomy. Birmingham’s relatively large allocation of corpses remains unexplained but a letter from Mr. Sands Cox in 1850 reporting that up until that year the Birmingham anatomy school had always received as many corpses as they required seems to indicate an unusual level of cooperation between the inspectors and anatomists which may have been based on personal connections.

schools actually received fewer corpses than in the previous year. Somerville went on to claim that in 1834 there was a further considerable increase in the numbers supplied to provincial schools. Across England and Wales he estimated that from 1832 to 1833 between two hundred and three hundred bodies were dissected but from 1833 to 1834 he distributed 600 and the following year, 650 corpses.⁴⁰ Although publicly Somerville remained positive that the Anatomy Act was working, in private he became dissatisfied with the results of his efforts in obtaining corpses, believing that the totals should have been higher.⁴¹ It would appear that he judged himself too harshly since during his first five years in office, from 1832 to 1837 he provided 2,965 corpses for London anatomy schools, a total which has remained, with the exception of just one occasion, the highest five year total ever achieved.⁴² His figures also compared favourably with the number of corpses supplied by bodysnatchers in the years prior to the Anatomy Act.⁴³

Somerville's achievements were all the more remarkable because he had serious problems to contend with. Two major areas of difficulty became immediately apparent to him. Firstly the Anatomy Act was a permissive piece of legislation; supplying unclaimed bodies was not mandatory and as Richardson put it this "gave the public a greater measure of control over the administration of the Act, at a parish level, than its authors are ever likely to have intended."⁴⁴ Because of this the inspector had to spend a great deal of time persuading guardians of the poor to provide the corpses needed.

⁴⁰ Evidence of the Select Committee on Medical Education, question 6793.

⁴¹ Anatomy Office Returns showing the number of corpses supplied for dissection, 1834, MH74/16, National Archive, London; Richardson, *Death, Dissection and the Destitute*, 245.

⁴² Richardson, *Death, Dissection and the Destitute*, 245.

⁴³ Bailey, *Diary of a Resurrectionist*, 140; Report of the Select Committee on Anatomy, 4.

⁴⁴ Richardson, *Death, Dissection and the Destitute*, 206.

Secondly, there were not enough inspectors appointed to do all the work required of them. The Act had established an inspectorate that was required to solve the ‘anatomy problem’ by distributing unclaimed corpses from recalcitrant parishes and hospitals to anatomists who were used to obtaining the corpses they required on the open market using their power and influence without restraint. Unsurprisingly from the very beginning the inspectorate met with opposition and criticism.

Legislation alone could not alter attitudes to dissection. Many poor law guardians disliked the idea of anatomy, one “would not give up his body for dissection under any circumstances, and with that feeling he should be sorry to give up the bodies of the poor.”⁴⁵ Another one said that he “would not do to another that what he would not be done to himself.”⁴⁶ Fisk of the Ipswich Union Board of Guardians felt it was “the bounden duty of the Guardians to take more care of them [the paupers] than to dispose of them to the anatomists. It seemed worse to send away the bodies of the friendless than those who had friends since the friendless relied totally on the Board of Guardians for their care.”⁴⁷ Many guardians were also keenly aware of the public’s dislike of anatomy and did not wish to be regarded as latter-day bodysnatchers by them. (This issue will be discussed in more detail later).

Neither was the Act any guarantee that unclaimed corpses would be shown a greater level of respect than that shown to them by bodysnatchers. On 8 July 1833 a Norwich

⁴⁵ *The Times*, 21 November, 1834, 1, col., c.

⁴⁶ *Norwich Mercury*, 7 September, 1872, 6, col., d.

⁴⁷ Ipswich Union Board of Guardians Minutes, 27 December, 1872, DD1/28/2/21, Suffolk Record Office, Ipswich.

blacksmith named John Maxey died of natural causes. He had worked for many years for George Perowne, a veterinary surgeon in the city, who told Mrs. Maxey that he would pay for her husband's funeral. Perowne took the body away but on 11 July Mrs. Maxey asked to view her husband's corpse. Perowne tried to prevent her but being uneasy she insisted on seeing it. She found that the body had been cut and hacked about with its head removed, as if it had been anatomised. Perowne was arrested and at his trial he told the court that he had done a deal with Maxey sixteen years earlier to have his body after death in return for paying for his funeral. He maintained that he wanted the corpse to further his study of the human body that he had begun whilst a student of human anatomy at St. Bartholomew's Hospital many years before. As a result of the deal he had done with Maxey, Perowne claimed to have ownership of the body. The Magistrate pointed out that the law did not recognise ownership in a dead body so Perowne did not have a legal base on which to dissect Maxey's corpse. Furthermore Perowne was not licensed under the Anatomy Act to perform human anatomy and as a veterinary surgeon the Magistrate could not see why he would need to study the human frame. Perowne was committed for trial at the Norwich Assizes on 6 August 1833 where he could have been imprisoned for up to three months or given a fine of £50 if he had been found guilty. However the case against Perowne was dropped due, in part, to his previous exemplary character, he was given an unconditional discharge and Maxey's remains finally received a decent burial.⁴⁸

⁴⁸ Mackie, *Norfolk Annals*, 376.

There were general concerns raised about the way dissected remains were buried and at Somerville's request, Lord John Russell, Home Secretary, wrote to schools of anatomy in 1837 saying that it had been "repeatedly brought to his notice, since the passing of the Anatomy Act five years before, that not sufficient attention had been paid to the decent interment of bodies handed over for dissection which had caused considerable anxiety especially to the guardians of the union workhouses."⁴⁹ In 1841 Somerville had to deal with a major scandal concerning the inadequate burial of hundreds of bodies at Globe Fields, Mile End, London. In a petition placed before parliament it had been claimed that between 1839 and 1841 over 350 dissected corpses had been buried in an area of unconsecrated ground called Globe Fields.⁵⁰ Somerville's official records covering the period between February 1840 and July 1841 showed that 242 bodies had been buried there; 140 from hulks and gaols, 63 from hospitals and 39 from workhouses, all of which had undergone anatomical examination before burial.⁵¹ The scandal of the Globe Fields burials is important because it shows that people entrusted with the burial of paupers following dissection were prepared to flout the law. At least three people connived in this fraudulent deception. It was claimed that Mr. Howitt, Master of the Holburn Union workhouse, colluded with an undertaker to bury dissected pauper corpses in Globe Fields burial ground for a fee of between 6s 6d and 7s 6d each. An undertaker's man impersonating a Church of England clergyman, a criminal act in itself, conducted the burial services indicating that the three men at least pretended to observe the formalities. However the Master was accused of receiving over £2 from the anatomy schools to

⁴⁹ Home Office Anatomy Entry Book, General circular to Schools of Anatomy, 1837, HO83/1.

⁵⁰ *The Times*, 9 July, 1842, 2, col., b.

⁵¹ Home Office Correspondence, Somerville to Secretary of State, 16 December, 1841, HO 45/191.

arrange a decent interment on their behalf for each of the bodies and so he was fraudulently making a profit of over 30s for each of the funerals conducted.⁵²

That such a deception could have been carried out for over two years before it came to light reflected badly on the guardians and anatomists involved in the supply and use of paupers' bodies since if they had been diligently tracking each corpse in their care the irregularities in this case should have been detected sooner. William Roberts, whose campaign against the Anatomy Act will be discussed below, implicated Somerville in this deception saying that "persons in authority have connived at bodies sent for dissection not being buried, as required by the thirteenth clause of the act." He went on to suggest "that in violating the Anatomy Act the cause of religion has been insulted, the best and strongest feelings of the poor have been outraged and ecclesiastical law has been contravened."⁵³ In reply Somerville stated that he had believed Globe Fields to be consecrated ground and since its burial fees were low it was favoured as a site for pauper burials by many local workhouses. Despite Somerville's assertion that many of the officers and inhabitants of the workhouses showed not the slightest concern about the fate of paupers' remains some, including Marylebone workhouse, did cease supplying corpses for dissection once the circumstances of this case were made public. The Globe Fields incident highlighted the callousness with which unclaimed paupers could be regarded and the inspector's task in ensuring that the medical profession showed respect for the corpses they used and were seen to carry that respect through to a decent burial for each named individual.

⁵² *Bloomsbury, Westminster and Marylebone Reporter*, 29 October, 1859, 4, col. b.

⁵³ *The Times*, 26 April, 1842, 3, col., a.

Equally taxing for Somerville was the close relationship between the administrators of voluntary hospitals and teachers of anatomy. The Act did not forbid anatomists from making their own local arrangements for the provision of corpses. Like workhouses, all unclaimed bodies from hospitals should have been notified to the Inspector who then had the authority to say where the corpse was to be sent for dissection (which was not necessarily to the hospitals own anatomists). However Somerville received complaints in the early days of the Act from teachers at private anatomy schools who claimed they were unable to compete with hospital schools due to favouritism being shown by hospital mortuary departments to their own schools.⁵⁴ Just this situation had been predicted by Thomas Wakley editor of the *Lancet* and, whilst not the only factor, played a significant part in the demise of private anatomy schools in London by the 1840s.⁵⁵

However the advantages may have been more theoretical than real, not all corpses available for distribution were in a usable condition. Anatomy Office correspondence recorded that at Guy's Hospital the dead were often "so mutilated by pathological inspections as to be rendered of little use in the dissecting room" so that the pupils had only imperfect remains to work on.⁵⁶ Pathological inspections, also known as post-mortems, were legally permitted to be carried out by qualified medical practitioners to ascertain the cause of death and as a means to obtain information to help treat future

⁵⁴ Anatomy Office Out-Letters Book, Somerville to Brodie, 4 April, 1834, MH74/12.

⁵⁵ Richardson, *Death, Dissection and the Destitute*, 212; Hutton, "Anatomy Act in Oxford and Manchester," 125.

⁵⁶ Anatomy Office Correspondence, Guy's Hospital Board to Anatomy Office, 2 November, 1834, MH74/36.

patients.⁵⁷ In 1858 it was suggested by a correspondent to *The Times* that earlier prejudice against the “simple opening of the body of a deceased relative” for such a purpose had passed away and that by then there existed a distinct contrasting reaction between attitudes towards the use of corpses for dissection by students and their use in post-mortems.⁵⁸ Anatomy teachers at Guy’s Hospital also claimed that local workhouses guardians did not like having to give up unclaimed bodies to Somerville for distribution to the anatomy school of his choice, preferring instead to supply the hospital that looked after their poor. Because of Somerville’s insistence that he alone would decide where corpses were to be sent the guardians of the workhouses in Southwark, Newington and Borough decided to stop allowing their unclaimed pauper corpses to be used for dissection at all. The effect of this was that in 1834 Guy’s hospital received just one body allocated by the inspector.

This devastating lack of anatomical material led to the resumption of the traditional direct appeal from Guy’s hospital’s anatomy teachers to local parishes for the exclusive use of their unclaimed corpses in return for a preferential hospital admission policy for the sick of accommodating parishes.⁵⁹ By circumventing the inspector and appealing directly to the workhouses for corpses the teachers were not behaving illegally. Inspectors Alcock and Bacot later explained that “there is nothing illegal in such efforts, however injudicious they may be, and prejudicial to the common interest, for no teacher by the Anatomy Bill can be prevented obtaining unclaimed bodies from those who have

⁵⁷ An Act for regulating Schools of Anatomy, 893; Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (Basingstoke: Macmillan, 1998) 111.

⁵⁸ *The Times*, 5 March, 1855, 10, col., c.

⁵⁹ Richardson, *Death, Dissection and the Destitute*, 242.

the legal custody of them, and without interference or intervention on the part of the inspector.”⁶⁰ The only legal requirement was that they provided the various certificates within the stated deadlines. This highlights an area of contention between the inspectorate and anatomists. The Home Secretary expected inspectors to oversee the distribution of corpses but the legislation did not grant them that sole right. When teachers of anatomy took direct action to obtain cadavers the inspectors were powerless to intervene.

Such local arrangements could conflict with public sensitivities and on occasion the reaction to a perceived injustice could encompass a whole community. One of the earliest riots which took place in response to what was seen as the misapplication of the Anatomy Act regulations occurred in Cambridge in December 1833 and presented Somerville with his first major challenge. A pauper named Francis Porter was temporarily living in Abbey Street, Barnwell, when he fell ill. He applied for relief to Trinity Parish, Cambridge and was granted it until he was in a fit state to be removed to his home parish in Lincolnshire. Mr. Knowles, the vestry clerk of Trinity parish, believed that previously the parish officers had promised Dr. Clark of the university that they would, under the terms of the Anatomy Act, facilitate the acquisition of subjects for dissection whenever they could. He knew of at least one occasion when Clark had attended the workhouse to dissect the corpse of a dead pauper boy without causing any controversy. At a vestry meeting Knowles had informed the parish officers that it seemed unlikely that Porter would recover from his illness and that “the doctors had

⁶⁰ Anatomy Office Returns, Joint report from Alcock and Bacot, 4 November, 1842, MH 74/16.

their eye upon him.”⁶¹ Once Porter’s fate became known a further meeting was held, attended by parish officials and over three hundred people from the town. Knowles claimed that since none of the overseers had made any objection to Porter being supplied to Clark at the earlier vestry meeting he assumed they sanctioned the act of giving Porter over for dissection. Several of the overseers denied having heard Knowles speak at the vestry meeting and seemed to want to distance themselves from what was clearly an unpopular decision.⁶² Porter had died on 24 November and the requirement before delivering a body for dissection was to wait for forty-eight hours following death to see if it was claimed. However the body could not be left at the house and the overseers did not want to take it to the workhouse to excite anxiety amongst its inmates and so, just thirty-six hours after death, Knowles had met with Clark to arrange the disposal of the body. As reported in the *Cambridge Chronicle* Clark advised Knowles that,

he would pay all the expenses of the funeral, and take *all* the responsibility, if he would send the body; he (Knowles) replied that he thought the Professor had persons for that purpose, and on being told he had not, he gave White, the master of the workhouse, and another man, orders to remove the body; the former received five shillings and the latter half a crown.⁶³

Knowles told the meeting that he was ready to answer any questions they might have, but he hoped that the overseers would not try to blame him for what had happened to get out

⁶¹ *Soham, Linton, and Royston Advertiser*, 6 December, 1833, 3, cols., c, d.

⁶² *Cambridge Chronicle*, 6 December, 1833, 5, col., b.

⁶³ *Ibid.*

of it themselves. This statement was met with great cheering from the assembled crowd. Later Knowles felt the need to distance himself from any wrongdoing and show the townspeople that he had acted correctly under the Anatomy Act and with the approval of the overseers of the parish. To achieve this he had notices printed and displayed around the town explaining his part in the proceedings.⁶⁴

There was clearly much confusion over who had known about Porter's corpse being sent to Clark, who had sanctioned it and whether the Anatomy Act had been breached. With a rising tide of anger apparent amongst the crowd Mr. Cox, chairman, rashly decided to put it to the meeting whether the corpse had been illegally removed, and if a demand should be made to have it returned for burial by the parish. Both proposals were carried unanimously and the crowd cried out "we'll have the body now."⁶⁵ At this point the crowd degenerated into a mob and as they moved off from the meeting to attack the house of Mr. Smith, one of the overseers, before moving on to try to reclaim the body from the anatomical school, a riot broke out. The *Cambridge Chronicle* reported that,

The mob, which generally was of the lowest description, amounting at first to about 300 persons, having reached the Schools...Some of them commenced throwing stones at the skylights. This continued for a few minutes without doing much damage, when they began to throw at the lower windows, the tops of which could be seen above the walls. Here, from the specimen cases contained in the room, the crash was at times tremendous,

⁶⁴ Home Office Correspondence, Broadsheet exonerating Knowles, 1833, HO44/26/242.

⁶⁵ *Cambridge Chronicle*, 6 December, 1833, 5, col., c.

each of which was accompanied by loud shouts from the crowd. Having demolished the windows, they next attacked the doors, the one leading to the museum, behind the iron railing, resisted them, though violently assailed with large stones; the door leading to the old lecture room, however gave way... Many persons now entered by the window at the end of the private room of Dr. Clark, and lights having been given, they proceeded to ransack the building in search of the body. ⁶⁶

Porter's corpse was not found and at half past nine the Riot Act was read to the crowd by the magistrate Mr. Chevell who was supported by the Mayor and a fellow magistrate. Shortly afterwards a large party of members of the university and respectable townsmen arrived to try to restore order. A pitched battle developed with stones thrown causing some severe injuries "in a few minutes the faces of several by the glare of the torches, might be seen covered with blood." ⁶⁷ By eleven-thirty however all was calm, prisoners had been taken and the buildings were guarded by thirty special constables. The following morning eight men were bailed, to return at a future date to answer for the rioting, the rest who had been held in custody overnight were released without charge. Clark, by this time, had had the body of Porter in his possession for eight days and, it can be conjectured, had already begun the dissection process. When the mob had advanced on the anatomical school Clark had gone to his own house to await the expected attack he felt would happen there next. While waiting the Mayor arrived and asked Clark to return the body but he refused. However the next day two of the parish

⁶⁶ Ibid.

⁶⁷ Ibid.

officers visited him and said they had not given their permission for Porter to be passed to him. Clark had believed he had a legal right to dissect Porter because the overseers, who had the ownership of Porter's body vested in them, had granted permission. Reluctantly Clark handed over Porter and "a hearse was driven up, and the body, enclosed in a coffin, was immediately taken to Barnwell, amidst loud shouts from the populace."⁶⁸ Clark, like Knowles, wanted the town to know of his lawful conduct in the Porter case so he also had a notice printed and distributed about the town.⁶⁹ Clark continually struggled to acquire sufficient corpses with which to conduct his anatomy courses and it was paramount that as far as possible he distanced himself from any controversy.

Following a report from Somerville on the circumstances leading up to the riot Clark was commended in a letter to Somerville from Phillipps at the Home Office written on behalf of Lord Melbourne.

And I am to acquaint you, that it appears to Lord Melbourne that Professor Clark acted on the occasion with firmness and discretion; and that the Parish Authorities were most culpably imprudent in holding a public meeting upon such a subject.⁷⁰

The riot at Cambridge had occurred because the mob believed that Porter's body had been acquired illegally. The confusion between just which of the parish overseers had

⁶⁸ Ibid.

⁶⁹ Home Office Correspondence, Broadsheet exonerating Clark, 1833, HO44/26/243.

⁷⁰ Home Office Anatomy Entry Book, Phillipps to Somerville, 9 December, 1833, HO83/1.

given permission led to the decision to hold a public meeting to try to sort the matter out. In hindsight the decision to hold a *public* meeting was foolhardy as it served to inflame the situation. In fact Porter had died whilst receiving relief, no one in Cambridge claimed him and his family in Lincolnshire did not want the body. Several overseers, as legal owners of the body, had authorized Knowles to pass the body to Clark. Clark had returned it when other overseers denied giving permission. The scale of the mob's reaction serves to indicate the public's opposition, at the time, to using paupers for dissection.

This case illustrates a number of important points. It indicates that local arrangements were continuing and shows that Somerville was either unable or unwilling to be closely involved in the supervision of every acquisition of a pauper for anatomical examination. Clark, desperate for material to illustrate his lectures, bypassed Somerville in his attempt to secure Porter's body. Despite this Somerville was supportive of the anatomist in his report of the case to the Home Secretary and reserved his condemnation for the way in which the overseers had handled the issues which in turn had resulted in extensive publicity, the very thing Somerville and the Home Secretary wanted to avoid.⁷¹ This and similar riots in Sheffield, Manchester and elsewhere across the country resulted in making parish officials and the medical profession more circumspect in their dealings

⁷¹ Ibid. The letter from Somerville to the Home Secretary detailing his opinion of how the Cambridge incident was handled is not in the records but it is possible to surmise from the reply he received that Somerville laid the blame for the ensuing riot with the overseers and exonerated Professor Clark.

with each other.⁷² An aura of secrecy developed around medical research which some have claimed has been maintained to this day.⁷³

Local arrangements between anatomists and workhouses made it very difficult for Somerville to maintain an overview of the situation and impacted on his ability to provide a fair distribution of corpses to all schools. The number of corpses he supplied to provincial schools in 1832 and 1833 (see Table 3.1) was clearly not enough and could only have been topping up the numbers obtained through local arrangements.⁷⁴ However in some circumstances Somerville also resorted to using local arrangements to solve a particular problem. He had been a teacher of anatomy himself and was able to identify with the frustrations felt by anatomists who could not privately source anatomical material anymore. For instance to enable Professors Clark and Humphry to run their classes in Cambridge Somerville sent them corpses from the hulks, a direct contravention of the law but the only practical solution open to him at the time since the London schools required all the corpses from the metropolitan hospitals and workhouses and sources local to Cambridge were reluctant to supply their unclaimed dead.⁷⁵ From the evidence we have it is apparent that Somerville tried to do his best to provide an equitable division of the available corpses. On paper the Anatomy Act seemed to provide an abundance of material for the inspector to distribute but what becomes clear

⁷² Richardson, *Death, Dissection and the Destitute*, 224, 228; *The Times*, 5 September, 1832, 3, col., a.

⁷³ Hurren, "Patient's rights"; John Spiers, *Who owns Our Bodies? Making Moral Choices in Health Care* (Oxford: Radcliffe Medical Press, 1997); Christopher Womack and Neil M. Gray, "Human research tissue banks in the UK National Health Service: Laws, ethics, controls and constraints," *British Journal of Biomedical Science*, 57, (2000): 250-253.

⁷⁴ The extent of the provision from local arrangements compared to centrally sourced material shall be considered in detail in relation to Cambridge University anatomy school in Chapter 5.

⁷⁵ Weatherall, *Gentlemen, Scientists and Doctors*, 44.

in practice is that he had relatively few corpses at his disposal and certainly rarely enough to satisfy the needs of all those who required them.

Many of Somerville's problems arose from the fact that the Anatomy Act had raised the expectations of anatomists and students who thought that they would receive an unlimited number of corpses. In London seventeen of the leading anatomists including Herbert Mayo, Frederick Tyrrell and George Dermot had met to announce that they fully intended to support the new law and would no longer employ bodysnatchers. They accepted there would be teething problems but there was an air of optimism amongst them that the Anatomy Act would eventually be able to provide an abundant supply of corpses for the benefit of medical education in Britain.⁷⁶ However the reluctance of poor law administrators to supply corpses and the anatomist's continued use of local arrangements combined to limit the number of corpses available for Somerville to distribute. Although his inability to satisfy the needs of the teachers of anatomy was in part due to their own conduct Somerville became a scapegoat for the shortages.

Somerville knew that the whole business of human dissection was highly controversial outside the medical world and he sought to keep "from public observation and discussion every circumstance relative to the transaction of Schools of Anatomy."⁷⁷ Unfortunately he also carried his desire for secrecy into his working relationships. Anatomy teachers suspected he favoured other schools over their own and guardians feared that 'their' corpses were being mishandled once they had passed them on. This

⁷⁶ Anatomy Office Correspondence, Teachers of Anatomy to Somerville, 10 September, 1832, HO44/25.

⁷⁷ Anatomy Office Correspondence, Somerville to Phillipps, 1 October, 1833, MH74/12.

emphasis on secrecy contributed to his downfall since it led to mistrust and animosity leaving Somerville isolated and ultimately less successful than he might have been had he gained the trust and willing cooperation of guardians and anatomists in his endeavours. Somerville was not a popular man, it has been said that, “temperamentally, he lacked both the cheerful ruthlessness of a Chadwick, and the upright and compassionate humanity of a Fitzpatrick.”⁷⁸

In 1839 the following condemnatory report was published in *The Times*.

We have now entered upon a new medical session, and, notwithstanding the most strenuous exertions on the part of the anatomical teachers of London during the last nine months, Dr. Somerville continues to hold that post, for the performance of the duties attached to which he has been declared incompetent by a resolution passed unanimously at a meeting of the teachers, at the Freemason’s Tavern, towards the close of last winter, which resolution was forwarded to the Home Office.⁷⁹

Pressure continued to mount on Somerville and when he came under investigation in 1840 Warburton was one of the commissioners appointed to investigate his conduct. The enquiry prevaricated and failed to complete its report, probably because if it found fault with Somerville it could have severely harmed Warburton’s Act. In 1841 Warburton was forced to resign his parliamentary seat due to a scandal concerning bribery in his election

⁷⁸ Richardson, *Death, Dissection and the Destitute*, 251; Edwin Chadwick and Jeremiah Fitzpatrick were both ardent social reformers.

⁷⁹ *The Times*, 22 November, 1839, 3, col., e.

campaign and the enquiry into Somerville's conduct ground to a halt. Speaking in the House of Commons three years later the re-elected Warburton, referring to the first enquiry, said that "upon his honour... in his opinion and that of the commissioners, Dr. Somerville had conducted himself in a manner highly conducive to the interests of science."⁸⁰

During the months leading up to his eventual dismissal in 1842 Somerville faced increasing criticism from the medical profession. In a letter received at the Home Office from the RCSE Somerville was accused of a catalogue of misconduct including favouring London University medical school over all others; of appointing two official undertakers to be responsible for all burials following dissection, thus allowing profiteering to take place; of severely depressing the morale of teachers of anatomy because of the problems they faced due to poor supplies of corpses; of creating the situation whereby metropolitan workhouses were increasingly reluctant to supply the bodies of unclaimed paupers for dissection and finally that he was compliant in allowing discrepancies to occur in the paperwork required by the Anatomy Act.⁸¹

Further vociferous criticism came from William Roberts who claimed to have perfected a method of preserving corpses to allow an extended period in which they remained fit to be used for anatomical examination.⁸² At first Somerville had given his support to Roberts, providing him with a corpse on which to trial his preserving fluid and publicly

⁸⁰ *The Times*, 17 April, 1844, 2, col., f.

⁸¹ Home Office Correspondence, Guthrie to the Secretary of State, 10 December, 1841, HO45/191.

⁸² Robert's method of preservation will be discussed further in Chapter 4.

stating that the use of such a method would help him meet the demand for anatomical material.⁸³ But when, in 1836, Lord Russell decided that it was not possible to pay Roberts the £5,000 he requested for his invention, Roberts directed his resentment against Somerville, who he believed had advised the Home Office not to support him. From then on he worked tirelessly to undermine the Anatomy Act and Somerville's authority as inspector.⁸⁴ He petitioned parliament, wrote to the newspapers and agitated amongst the working classes. According to *The Times*,

Mr. Roberts ... had endeavoured to excite prejudices in the popular mind against the operation of the Anatomy Act, and had addressed a letter to the Government declaring his determination, unless they took up his process and remunerated him for its disclosure, to obstruct the distribution of bodies through the metropolitan parishes. And this gentleman had published placards, of which one read thus- "The method pursued now in procuring and examining dead bodies is destructive, mercenary, and disgusting"... Mr. Roberts had tried to force himself into some workhouses with the object of circulating such placards as these...this gentleman had held meetings in public-houses for the purpose of exciting all possible prejudice and ill feeling against the operation of the present measures.⁸⁵

Somerville sent back a long reply to the accusations. He stated that if mistakes had been made over workhouse records and returns to the inspector it was the fault of the master of

⁸³ Home Office Correspondence, Preparing bodies for dissection, 1836, HO45/190.

⁸⁴ Home Office Correspondence, Complaints against Somerville, 10 December, 1841, HO45/191.

⁸⁵ *The Times*, 17 April, 1844, 2, col., e; 12 June, 1844, 4, col., b.

the workhouse concerned and not him. The incident of irregular burials that had taken place in the unconsecrated Globe Fields burial ground was a genuine mistake and as soon as he discovered his error he had immediately given orders that it was not to be used again. Regarding the matter of burial costs he wrote, "I have no interest directly or indirectly in these charges and I have always most carefully avoided any interference with the pecuniary transactions of the Teachers and Undertakers."⁸⁶ As to the claim that his method of distribution of corpses was unfair he entirely repudiated it. He claimed it had been a frequent complaint throughout his time as inspector but one "for which I am confident there is not the slightest foundation;" the implication being that anatomy teachers were never satisfied with their allocation of corpses and jealously viewed the supply at other schools. The claim of unfairness struck Somerville as even more unjustified that winter since he had found that there were so many bodies available that in his last two quarterly reports he had recorded "that the abundance had become a source of embarrassment to him" and that he had had to urge anatomy schools to take as many as possible.⁸⁷ In conclusion he stated,

Since 1832...I have laboured hard to divest the question of anatomy of party bias of every kind – What with the conflict of politics, the agitation against the Poor Law, the contention among the teachers, and the interested opposition of Mr. Roberts, this has been no easy matter – Yet on the whole I have been successful: the Anatomy Act has appealed to the good sense of all

⁸⁶ Home Office Correspondence, Somerville to Graham, 16 December, 1841, HO45/191.

⁸⁷ Ibid.

parties, and has generally established itself in the confidence of the community.⁸⁸

However Somerville was unable to convince the Home Secretary that he could carry the Anatomy Act forward. A letter from the Home Office informed him that “for the purpose of better carrying into effect for the future the provision of the Anatomy Act: he [the Home Secretary] proposes to make a new arrangement with regard to the Inspector of Anatomy both for England and Scotland. I am therefore to inform you that your services in these capacities will not be required after the 1 October next, on which day the new arrangements proposed by Sir James Graham will come into operation.”⁸⁹ Somerville was not allowed to resign, he was dismissed and in lieu of the short notice given he was awarded severance pay of £100.

Nearly ten years had passed since the Anatomy Act appeared on the Statute Book and in that time Somerville had achieved much. The reluctance on the part of those in parliament to permit any further public discussion on the sensitive topic of dissection had meant that when Somerville had faced difficulties he had no official backing and so had found his own ways of attempting to solve them. The complainants may have achieved their goal in getting Somerville dismissed from his post but they failed to get any changes in the law. As Richardson declared, “his regime established the practicality

⁸⁸ Ibid.

⁸⁹ Home Office Correspondence, Graham to Somerville, 8 September, 1842, HO45/189.

of the Act's principle by the time of his dismissal, and set the pattern for its next eighty years.”⁹⁰

The Inspectorate after 1842

Following Somerville's dismissal three new inspectors were appointed. Rutherford Alcock and John Bacot became metropolitan and provincial inspector respectively for England and Wales and Andrew Wood was appointed inspector for Scotland, each with a salary of £100 and not the £500 that Somerville had been paid. Alcock and Bacot immediately sent out a circular letter to teachers of anatomy, seeking to distance themselves from Somerville's regime and to diffuse the atmosphere of distrust which had developed between all parties. The letter stated that their duties as defined by the Anatomy Act were to give protection to the study of anatomy, to prevent the commission of crime in order to acquire material for anatomical examination, and to guard against any outrage to the feelings of the community by acts connected with the removal, dissection and interment of the bodies. Further to these basic duties the inspectors were, under the instructions of the Secretary of State, to try to remove every obstacle that served to hinder the promotion of medical science so ensuring that every medical student was able to complete a thorough course of study. To achieve that goal Alcock and Bacot declared they were “ready, zealously and perseveringly, to contribute our best exertions, aware of the many difficulties which have hitherto been experienced in seeking to attain them.” To overcome the difficulties alluded to, Alcock and Bacot

⁹⁰ Richardson, *Death, Dissection and the Destitute*, 251.

expressed their opinion “that it only requires the teachers cordially to join their efforts to those of the inspectors, for one common object, and for the benefit of all.”⁹¹ It would appear that the new inspectors saw the lack of co-operation from teachers of anatomy as being responsible for the problems which had hindered the supply of sufficient cadavers for dissection. If teachers observed the law and acted with inspectors then workhouse and hospital officials would not deny them the use of their unclaimed poor in the future. Anatomy teachers were asked to treat corpses with respect and to ensure they filled in the necessary paperwork on time; however both of these requests continued to be flouted time after time throughout the century.

Alcock and Bacot spent their first few weeks ascertaining how matters stood in regard to the implementation of the Act before presenting a joint report to Sir James Graham, Secretary of State, highlighting the areas of difficulty, as they perceived them, and suggesting possible solutions. Both men wanted to establish a new working relationship between anatomy inspectors, Poor Law officials and teachers of anatomy to avoid the pitfalls Somerville had experienced. They rejected a totally centralized administration yet also held back from allowing purely local arrangements to supply the demand for corpses. In effect they continued very much as Somerville had but hoped to obtain the trust of all concerned by a more conciliatory approach. In their report they focused on three areas; supply, distribution and expense. The supply of bodies had been inadequate not because there were not enough corpses but because it had proved impossible to acquire all those which fitted the legal criteria. “We consider it certain that the

⁹¹ Anatomy Office Out-Letters Book, Circular letter to teachers of anatomy, 18 October, 1842, MH74/16.

workhouses alone would suffice to supply adequately the wants of all the schools. Many of the larger parishes have refused to give up the unclaimed dead for anatomical examination – To this is traced the deficiency.”⁹² More time was needed to overcome the prejudice against dissection. The RCSE had suggested two improvements to help increase the supply of corpses; to have a board of inspectors and to have a general undertaker to deal with all sources of supply. Alcock and Bacot rejected the first suggestion as they did not think a proliferation of inspectors would make any difference. They thought a general undertaker might be useful but in the circumstances such a measure was likely to cause problems both with the teachers, many of whom liked to maintain a personal relationship with their local workhouses, and with the guardians of the workhouses who liked to work with their established parish undertaker. Teachers of anatomy had proposed a plan whereby all individual teachers were permitted to develop their own supply lines from hospitals and workhouses but the inspectors rejected this since it was believed it would have favoured the more powerful establishments. The problem was further complicated by the inaccurate returns of student numbers from anatomy schools. Alcock and Bacot highlighted the need for a better system of registering pupils to be introduced.

They also concluded that the Globe Fields’ scandal had shown the widespread revulsion against the idea that anyone should profit from supplying corpses for anatomical examination. Therefore a system of a uniform rate for the transportation and burial of bodies was deemed necessary by the inspectors. Alcock and Bacot concluded that in their

⁹² Anatomy Office Returns, Alcock and Bacot to Phillipps, 4 November, 1842, MH74/16.

opinion the goodwill of all parties was crucially important since they had no legal power to enforce any arrangements for supply.

We have arrived at a strong conviction of the necessity of carrying into effect such arrangements as shall effectively combine, under the direction of the inspectors, the personal exertions and influence of the teachers with the Parish Authorities in a way that will directly benefit the individual supply of each without interfering with that of others. The absence of this influence and these exertions, we are persuaded, has been the chief cause of the hitherto inadequate supply.⁹³

This statement was an attack on Somerville's poor working relationships and their determination not to repeat his mistakes.

Despite their stated objectives, Alcock and Bacot soon found themselves struggling with the same difficulties faced by Somerville. Within a year Alcock found that the realities of his post were more difficult than he had imagined. On a personal level he complained that he worked very hard to try to keep up the supply of bodies and all for only £100 a year. If, he claimed, the post had always been without pay he would have happily done what he did for nothing but since it was a salaried post he thought he should receive a larger remuneration for all the work he did.⁹⁴ By 1844 Alcock retired from his post having found it impossible to improve on the situation Somerville had left and Bacot

⁹³ Ibid.

⁹⁴ Home Office Correspondence, Alcock to Phillipps, 7 November, 1843, HO45/189.

moved from the provinces to become inspector for the metropolitan district whilst George Cursham was appointed for the provinces.

The problems of supply continued to trouble later inspectors. In 1846 Bacot used the same reasons for a shortage of bodies as Somerville had twelve years before. He referred to the “unusual healthiness of the season” and the “abundant work” available to the poor, especially on railway construction, which was keeping families out of the workhouse.⁹⁵ The favourable weather that year also meant that fewer people were laid off, again resulting in a lower requirement for the services of the workhouses. Bacot also cited the rise in burial clubs as another reason why he had difficulties in meeting the demand for corpses.⁹⁶ The popularity of such clubs, often organized on a very local scale, is an indication of the fear of dissection and the shame associated with a pauper funeral. “For 2d a week”, the historian Peter Jupp wrote “burial societies assured members of an elm coffin decorated with two rows of black japanned nails, coffin plate and handles, a velvet pall, three gentlemen’s cloaks, hatbands, hoods and scarves, six pairs of gloves, two porters and an attendant.”⁹⁷ This contrasted starkly with the pauper funeral workhouses supplied which normally used the cheapest, unadorned coffin available and in some unions it would even be covered by a pall marked ‘pauper’. On a least one occasion a Newcastle burial club took over the role of ‘friend’ of a deceased person and demanded a body back from the anatomy school.⁹⁸ This move introduced a new and unexpected frustration to the pursuit of dissection and provided those without friends or family to

⁹⁵ Home Office Correspondence, Bacot to Phillipps, 23 January, 1846, HO45/1319A.

⁹⁶ Ibid, 4 May, 1846.

⁹⁷ Jupp and Gittings, *Death in England*, 224.

⁹⁸ Home Office Correspondence, Cursham to the Home Office, 3 January, 1850, HO45/3202.

claim them another way to ensure they were not dissected after death. Bacot, aware that Somerville had been ignominiously dismissed from his post as inspector, was keen not to take the blame for the diminished supply. In a letter to the Home Office, he pointed out that as Inspector of Anatomy he was not answerable for the *supply* of bodies, but only for their *distribution*.⁹⁹ This letter contradicted his opinion as stated in his report four years earlier to the Home Secretary, the realities of the job and the difficulties he encountered on a day to day basis had led him to reappraise and revise his role as inspector.

Despite occasional setbacks Bacot was able to increase the number of workhouses in London prepared to supply corpses from eighteen to twenty-three. However he still complained that anatomy teachers could have done more to help the situation. He reported that at the start of each anatomy season teachers clamoured for bodies, complaining they were not supplied with enough but as the season progressed they asked for less and eventually a surplus built up which had to be disposed of by the government who had to fund the costs associated with obtaining and burying the unwanted corpses. His solution to this problem was to suggest that *all* schools agree a syllabus where some students began with the study of the skeleton while others began with dissection then the spread of demand for bodies would be smoothed out and could be better met.¹⁰⁰ There is no evidence in the anatomy office records that his idea met with acceptance by the medical schools.

⁹⁹ Ibid.

¹⁰⁰ Home Office Correspondence, Bacot to Phillipps, 23 January, 1846, HO45/1319A.

Like Somerville the inspectors frequently received pleas for additional cadavers from provincial anatomists. When John Johnson, a Norwich surgeon, requested that a corpse be sent to him from London, Bacot wrote back "I regret that I cannot afford you any hope of being supplied with subjects for anatomical examination from hence."¹⁰¹ A few years later William Dalrymple, a surgeon at the Norfolk and Norwich Hospital, received a similar reply from Cursham who was finding difficulty in supplying London schools; he further assured Dalrymple that as far as he knew no bodies had *ever* been sent from London into the provinces in the fourteen years since the Anatomy Act had come into force.¹⁰² Norwich played a minor role in the anatomical education of medical students in East Anglia. Those who were present in the city usually undertook a period of apprenticeship with one of the surgeons in their private practice before going to London to study at a teaching hospital or private anatomy school. Therefore Norwich surgeons were unable to exert much pressure on the inspectors for corpses to be supplied to them. In comparison successive professors at Cambridge University were able to bring greater influence to bear on the inspectors. Despite Cursham's declaration that corpses had never been sent from London to any provincial centre of anatomical study, between 1832 and 1846 Somerville had sent bodies to Cambridge from the hulks anchored in the Thames, setting a precedent which Bacot continued. Between 1844 and 1847, whilst Bacot was the inspector for London and Cursham the inspector for the provinces, a total of eighty-one corpses were sent from the hulks to provincial medical schools.¹⁰³

¹⁰¹ Anatomy Office Out-Letters Book, Bacot to Johnson, 23 September, 1843, MH74/10.

¹⁰² Anatomy Office Out-Letters Book, Cursham to Dalrymple, 10 December, 1846, MH74/10.

¹⁰³ Anatomy Office Correspondence, Return of Number of Corpses sent for Anatomical Examination from the Hulks, 1844-1847, MH74/16; Marshall, *Murdering to Dissect*, 185; J. A. Sharpe, *Judicial Punishment in England* (London: Faber and Faber, 1990) 53; *The Times*, 3 July, 1837, 6, col., b; Weatherall, *Gentlemen, Scientists and Doctors*, 98.

Provincial teachers of anatomy repeatedly demanded the help of the inspectors in increasing the supply of cadavers. In practice, however, there was little they could do other than write letters or make visits to boards of guardians to try to encourage them to supply more corpses. Mr. Sands Cox, anatomy teacher at Birmingham Medical School, appealed for help as, “our supply this winter for the first time since the operation of the Anatomy Bill has been unequal to our demands.”¹⁰⁴ In the previous quarter, up until 31 December 1849, Birmingham had received three corpses from their local workhouse but Cox wanted Cursham to intervene to help persuade the workhouse to ensure that *all* their unclaimed paupers were sent to the school.

Through the efforts of succeeding inspectors, poor law unions were encouraged to agree to supply bodies - though according to Bacot in 1851, “many unions, whilst nominally agreeing to send subjects, never actually do so.”¹⁰⁵ Even guardians who were sympathetic to the aims of the Anatomy Act still had to consider public opinion and whenever a scandal occurred which brought the issues surrounding dissection once again to the fore the inspectors would find that the supply from workhouses was seriously diminished. The inspectors reminded the guardians of the atrocities of the past when no grave was safe from desecration, and told them that if they did not comply with the Anatomy Act then such awful conditions could return. Such appeals were successful for the Cambridge medical school because the professors of anatomy were assiduous in following up the inspectors appeals and arranging supplies of corpses from workhouses. In contrast Hutton has shown that the professors in Manchester did not engage with

¹⁰⁴ Home Office Correspondence, Cox to Cursham, 1850, HO45/3202.

¹⁰⁵ Home Office Correspondence, Bacot to Greg, 15 November, 1851, HO45/3618.

guardians of the poor and the inspector's appeals were generally unsuccessful in establishing a regular supply of material.¹⁰⁶ The Inspectors also appealed to the guardians as gentlemen of 'liberal education' who could not possibly be as ignorant as the working classes who so feared dissection. They encouraged them to be part of the scientific advancement of medicine and reminded them that the poor were the major beneficiaries of improved medical education.¹⁰⁷

After Bacot retired in 1858 he was succeeded by Charles Hawkins who held the position for thirty-four years, the longest serving inspector of anatomy during the nineteenth century. During his time in office he achieved a good working relationship, through regular personal contact, with those who supplied corpses as well as with teachers of anatomy.¹⁰⁸ Hawkins was able to increase the number of corpses available by his reassuring manner whilst still maintaining discretion so as not to cause alarm to the public. Both Cursham and Hawkins used what influence they had to encourage guardians of workhouses to continue their supply whenever difficulties arose. In reply to a letter from Professor Humphry, Cursham offered to write to all boards of guardians at the workhouses around Cambridgeshire or visit them personally if Humphry thought it would help procure a supply. Periodically such letters were sent whenever further shortages occurred.¹⁰⁹ But Cursham and Hawkins were both in agreement that corpses should not be sent from London workhouses to the provincial schools to fulfil the

¹⁰⁶ Hutton, "Anatomy Act in Oxford and Manchester," 131.

¹⁰⁷ Home Office Correspondence, Bacot to workhouses guardians, 14 October, 1851, HO45/3618.

¹⁰⁸ Home Office Correspondence, Instructions to new Inspectors, 17 February, 1858, HO45/6520; Idem, Instructions to new Inspectors, 10 February, 1858, HO83/2.

¹⁰⁹ Anatomy Office Out-Letters Book, Cursham to Humphry, 18 October, 1853, 6 December, 1855, both MH74/10; Anatomy Office Out-Letters Book, Cursham to Cambridgeshire County Asylum, 6 November, 1863, MH74/10.

demand for more material. In accordance with their overriding determination to keep the whole anatomy question as quiet as possible they believed that the long distance transportation of corpses was too risky “least the contents of the packages should be discovered and if such were to be the case a great hubbub would undoubtedly be raised and the supply to the London schools, in all probability, most materially damaged.”¹¹⁰

London teachers and students also lobbied the inspectors for additional material.¹¹¹ In 1858 the Senate of the University of London sent a letter, signed by 145 students and associates to the Home Office complaining of a decrease in the number of corpses they had received over the previous four years culminating in “an absolute and deplorable scarcity.”¹¹² They wrote that they were no longer able to meet the requirements laid down in the University regulations to enable them to qualify as medical practitioners. The result was, as in the 1820s, that many more students were going to Paris in order to gain experience in dissection and surgical techniques, where bodies were more plentiful. The need to go abroad was regrettable since it was believed that London workhouses could produce sufficient unclaimed bodies for their purposes but that the Inspector was not obtaining them or distributing them efficiently.¹¹³ In response Hawkins agreed that the number of bodies available to London anatomy schools had fallen between 1857 and 1858 with workhouses supplying 265 in 1857 and only 144 in 1858 whilst the corresponding figures supplied from hospitals fell from 129 to 103. He blamed the fall in

¹¹⁰ Anatomy Office Out-Letters Book, Cursham to Humphry, 15 April, 1861, MH74/10.

¹¹¹ B. M. W., “The ‘Anatomy Act’,” *Lancet* 73, (26 February, 1859): 227; Charles Hawkins, “The Anatomy Act,” *Lancet* 73, (5 March, 1859): 251; B. M. W., “The Anatomy Act,” *Lancet* 73, (19 March, 1859): 304; Richardson, *Death, Dissection and the Destitute*, 245.

¹¹² *The Times*, 1 April, 1878, 10, col., c.

¹¹³ Home Office Correspondence, Senate of the University of London to Waddington, 25 February, 1858, HO45/6521.

numbers on two reasons, firstly there had been fewer deaths generally that year and secondly a scandal which occurred at St. Mary's workhouse, Newington caused other workhouses in the area to become more cautious and reluctant to supply bodies.¹¹⁴

This scandal involved Alfred Fiest, Master at St. Mary's workhouse, Newington. Fiest was charged with disposing of persons who died in the workhouse for anatomical purposes contrary to law. It was claimed that when a pauper died and was to receive a pauper funeral he allowed their relatives to view the body in its coffin at the workhouse and see the lid screwed down, they were then told to wait in another room before following it to the grave. In the intervening period another coffin containing the previously dissected remains of another pauper was substituted and Fiest would send the original corpse to Guy's hospital for dissection. It was alleged that his motive was pecuniary gain. Guy's hospital paid him £3 10s for expenses incurred in transporting the corpse to and from the hospital and for arranging a pauper funeral following dissection. Fiest paid the undertaker, Hogg, just 5s 6d and even after deducting all other expenses still made a profit each time he carried out this deception. Fiest was dismissed from his position as soon as his fraud had become known but he was not further punished by the law. It was argued at his trial that the relatives of the dead had to take the initiative in declaring that they required the body to be buried without dissection as stated in clause 7 of the Anatomy Act. Fiest was not told this by any of the relatives and so he sent the corpse for dissection as he was legally entitled to do.¹¹⁵ The notoriety of the case was held responsible for "a complete temporary cessation [which] took place in the supply of

¹¹⁴ Home Office Correspondence, Hawkins to Waddington, 4 March, 1858, HO45/6521.

¹¹⁵ *The Times*, 21 January, 1858, 11, col., f; 26 April, 1858, 11, col., c; 25 February, 1858, 9, col., a.

subjects for anatomical purposes,” as workhouse guardians across London stopped sending their unclaimed paupers for dissection so as to distance their establishments from any taint of fraudulent behaviour.¹¹⁶ Accordingly “the dissecting-rooms at the different medical schools have lately been much more empty than usual.”¹¹⁷

The fact that Feist was prosecuted indicates that there was a change in the way infringements of the Anatomy Act were handled by the 1850s. During the 1830s Somerville had been concerned with ensuring the Act’s success and strove to keep any transgressions out of the courts wherever possible.¹¹⁸ Despite continued references in Anatomy Office correspondence that everything pertaining to the supply of corpses should be kept out of the public sphere as far as was feasible Feist’s transgression was brought to court and widely reported. It may have been that the inspectors used it as an example to prevent further violations of the law or that it had become known locally so the inspectors had to step in to try to restore confidence in the Act by punishing the offender. Whatever the reason for the prosecution the publicity it gave rise to proved detrimental to the supply of corpses.

At the end of the 1850s Hawkins repudiated the accusation that the supply of corpses had been falling for several years.¹¹⁹ The figures Hawkins supplied show that with the exception of 1857 to 1858 there had been an increase in the number of bodies available

¹¹⁶ “St. Mary’s Workhouse, Newington,” *Lancet* 70 (12 February, 1858): 271.

¹¹⁷ *The Times*, 5 March, 1858, 9, col., f; Sappol, *Traffic of Dead Bodies*, 106 discusses the effect of scandals in America.

¹¹⁸ Richardson, *Death, Dissection and the Destitute*, 243.

¹¹⁹ Home Office Correspondence, Hawkins to the Home Office, 4 March, 1858, HO45/6521.

for dissection. Although the supply had improved it had only just got back to a figure similar to that achieved by Somerville during the 1830s following a low point between 1841 and 1843 around the time Somerville had been discredited and dismissed from his post.¹²⁰

Table 3.2 Number of corpses available for dissection in London 1851 - 1858¹²¹

Year	Corpses
1851 - 1852	212
1852 - 1853	311
1853 - 1854	383
1854 - 1855	394
1855 - 1856	417
1856 - 1857	415
1857 - 1858	256
Total	2388

Source: Home Office Correspondence, 4 March, 1858, HO45/6521. Anomalies in the total number of corpses available in a given year arise because the figures in Table 3.2 relate to dissection sessions which usually ran from October to April whilst the figures given in the text are for calendar years.

By the 1870s the actual number of corpses available for dissection had risen considerably but so had the number of students, so although the inspectors were better able to meet the

¹²⁰ Anatomy Office Correspondence, Returns of Anatomy Schools, 1832 – 1842, MH74/16.
¹²¹ The returns for 1857- 1858 show the significant effect scandals could have on the number of corpses made available for dissection.

demands of anatomists than previously they still could not attain the ideal of those who gave evidence in 1828 to the Select Committee on Anatomy of providing every student with a minimum of three complete corpses during their period of study.

Table 3.3 Returns for the Dissecting Session 10 October 1877- 31 March 1878

School	No. of students	No. of corpses	Student: Corpse.
Birmingham	57	14	4.00:1
Bristol	34	12	2.75:1
Cambridge	28	12	2.25:1
Leeds	69	15	4.75:1
Liverpool	50	20	2.50:1
Manchester	114	41	2.75:1
Newcastle upon Tyne	37	7	5.50:1
Sheffield	22	9	2.50:1
Totals	411	130	Average = 3.25:1

Source: Anatomy Office Correspondence, Returns for the Dissecting Session 1877-1878, MH74/36.

Ratios rounded to nearest 0.25.

The fragmentary nature of the Anatomy Office records can only supply a snapshot of the situation at anatomy schools for a few given years throughout the century, but clearly the supply varied markedly. During the 1877 to 1878 dissecting session the medical school

at Sheffield received enough corpses to allow two bodies between every five students, sufficient for them all to be able to gain some practical dissecting experience. However in 1883 Birkett (provincial inspector 1876 to 1896) received a letter from nineteen students at Sheffield informing him that one month into the dissecting season not a single corpse had been made available to them and they entreated him to use his influence with their local workhouses who they claimed “are not supplying due to *inability* but due to *unwillingness*,” (italics in original).¹²² A combination of the increase in student numbers and a change in workhouse guardians led to a similar appeal from students in Newcastle-upon-Tyne where, in 1886, all classes in operative technique had to be cancelled due to a complete lack of corpses.¹²³ A severe shortage in 1888 led to the *Pall Mall Gazette* declaring there to be a “dearth in the dissecting room owing to the growing disinclination amongst the poor to die in the workhouse.”¹²⁴

The continuing role of inspectors in encouraging the supply from workhouses to be maintained was crucial. Workhouse guardians were elected annually and, whilst many served over a long period of time, whenever new guardians were elected there was always the chance they could persuade the rest of the board to cease supplying corpses to the medical schools. The Local Government Act (1894) opened up the membership of boards of guardians to a wider social mix, and also encouraged more women to become

¹²² Anatomy Office Correspondence, Sheffield medical students to Birkett, 12 November, 1883, MH74/36.

¹²³ Anatomy Office Correspondence, Newcastle upon Tyne medical students to Birkett, 24 May, 1886, MH74/36.

¹²⁴ Home Office Correspondence, cutting from the *Pall Mall Gazette*, 18 January, 1888, n.p., HO45/10062/B2694.

guardians of the poor.¹²⁵ Inspectors Bennett and Birkett were concerned that these changes might be detrimental leading once again to the perpetual problem of trying to maintain the supply of corpses during the 1890s and into the twentieth century.¹²⁶ An appeal was made to the Home Secretary for his help in writing to the Local Government Boards (LGB) asking them to contact the boards of guardians in their districts in an attempt to increase supply. The need to avoid publicity was made explicit, “you will no doubt realize that any reference to this matter should be made with great caution.”¹²⁷ A letter prepared at the Home Office was supplied to the LGB for them to use if they so wished. In it reference was made not only to the shortages schools of anatomy were suffering but also the problem examining boards were having trying to assess the proficiency of medical students. It continued with the assurance that “in the past [boards of guardians had] usually responded to applications made to them and have passed resolutions that the Master of the workhouse or other official be authorized to send bodies...to the Schools of Anatomy,” however “for this purpose constant requests have been necessary, and boards are evincing more and more reluctance to surrender bodies for the purpose.”¹²⁸ By 1904 some bodies were being sourced from abroad. Corpses, injected with preservative, were shipped from Australia to supply British doctors who found them cheaper than the £10 they had to pay in expenses for a local corpse. “True, we are legally entitled to the bodies of persons who die friendless, but this class is more

¹²⁵ C. A. Biggs, “The Work of Women as Poor Law Guardians,” *Westminster Review* (1885):386-395; King, “We Might be Trusted,” 27-46; Hurren, “A Pauper Dead House,” 69-94; Norwich Union Board of Guardians Minutes, 1891-1895, N/TC 3/13; *The Times*, 22 November, 1889, 10, col., c.

¹²⁶ *The Times*, 22 November, 1889, 10, col., c. A female guardian of the Paddington Union Board of Guardians opposed supplying paupers for dissection.

¹²⁷ Anatomy Office Correspondence, Provis to Local Government Board, 4 March, 1903, MH74/37.

¹²⁸ Anatomy Office Correspondence, Cunynghame to Local Government Board, 3 February, 1903, MH74/37; *The Times*, 2 November, 1869, 7, col., f.

scarce than is generally supposed,” reported a Harley Street doctor.¹²⁹ He claimed that skeletons were almost unobtainable in England and most came from bodies dug up from the battlefields around Metz, France. There were further suggestions that the conflict in South Africa would eventually provide another source of supply for British medical schools.¹³⁰

Here, then, is evidence to show that even seventy years after the passing of the Anatomy Act the same problems existed for the inspectors and teachers of anatomy which Somerville had encountered. Prejudice against using the poor for dissection, reluctance on the part of workhouse guardians to court the electorate’s displeasure, medical students still struggling *most* years to gain as much practice in dissection as their teachers and examiners would wish and the inspectors fully occupied with seeking to fulfil the aims of the Anatomy Act. A Home Office letter sent to workhouses said that, “the difficulty is not likely to pass away, for, though the number of medical students has shown of late years a decided diminution, the number of anatomical subjects which could be provided for their use has decreased in an even larger proportion.”¹³¹ This statement held true for metropolitan schools which saw a decrease of almost 18% in student numbers between 1898 and 1903 and a drop of 30% in the number of corpses available to them for the corresponding years, resulting in a higher student to corpse ratio to the detriment of practical dissection (see Table 3.4). In the provinces, when taken as a whole, student numbers for the same period fell by around 15% but available

¹²⁹ Anatomy Office Correspondence, cutting from the *Daily Mail*, 17 September, 1904, MH74/38.

¹³⁰ Ibid.

¹³¹ Ibid.

Table 3.4 Students and Corpses in London and Provincial Schools of Anatomy
1898 - 1903

London Schools				Provincial Schools		
Year	Students	Corpses	Ratio	Students	Corpses	Ratio
	(Student: corpse)			(Student: corpse)		
1898 - 1899	1587	477	3.25:1	874	275	3.00:1
1899 - 1900	1587	455	3.50:1	927	328	2.75:1
1900 - 1901	1513	327	4.50:1	865	264	3.25:1
1901 - 1902	1342	391	3.50:1	827	261	3.00:1
1902 - 1903	1304	333	4.00:1	744	257	2.75:1
Decrease.	17.75%	30.0%		14.74%	6.5%	

Source: Anatomy Office Returns, Figures collated from returns from metropolitan and provincial anatomy schools 1898-1903, MH 74/16. Ratios rounded to nearest 0.25.

corpses by just 6.5%. This resulted in an improved ratio of students to corpses so that for this five year period at the end of the nineteenth century dissecting opportunities in provincial schools were considerably better than in London. The wide discrepancy in the fall in the number of corpses, 30% in London and 6.5% in the provinces during this period, can be explained in part by the different method schools used to source corpses. In London each anatomical school tended to rely on a single large workhouse so that any problems with that source would have a major impact on available corpse numbers

whereas provincial schools tended to spread their net wide using numerous small sources and so minimising the effect of a problem with any individual workhouse.¹³²

A comparison with Table 3.3 indicates that the average ratio of students to corpses in provincial schools at the end of the nineteenth century remained much as it had been twenty-five years before. This, in the opinion of Alexander Macalister, Professor of Anatomy at Cambridge was not good enough. Macalister wrote to Thomas Pickering Pick shortly after he was appointed inspector for the provinces in 1896 enquiring whether an appeal for corpses to the workhouses around London such as West Ham, Stratford and Greenwich might be successful in easing the severe shortage of corpses at Cambridge. However Pickering Pick informed him that all the named workhouses fell within the metropolitan area and any unclaimed corpses which became available from those sources were required by London schools.¹³³ Yet only a few years later the inspector for the metropolitan district, Bennett, found he had a temporary surplus of bodies available for dissection and so arrangements were made to supply Oxford and Cambridge universities with them at a cost of between £2 and £3 10s each depending on where they were sourced. Under this arrangement Macalister received eighteen bodies during the 1900 to 1901 dissecting season, a most welcome source of supply which unfortunately ceased in 1903 leaving Macalister again uncertain of whether his courses would be able to run.¹³⁴ This led Francis Cornford, one of his students, to write in the *Cambridge Review*,

¹³² The figures given provide a generalised view of the state of the total number of students to corpse ratio in the metropolitan district and the provinces. Naturally each school (fourteen in London and ten provincial) would have experienced localised variations in student numbers and available corpses.

¹³³ Anatomy Office Out-Letter Book, Macalister to Pickering Pick, 9 October, 1896, MH74/11.

¹³⁴ Weatherall, *Gentlemen, Scientists and Doctors*, 217; Anatomy Office Correspondence, 26 April, 1900, MH74/37.

When *two* must share an arm or leg,
 And *four* take head and neck,
 Some forty-three per cent may pass –
 The rest will be a “wreck.” ¹³⁵

The letter sent from the LGB to workhouses to encourage guardians to supply corpses reused the argument first raised at the Select Committee on Anatomy (1828) that if insufficient medical practitioners were trained then the greatest disadvantage would be felt by the poor. Again the need for keeping the whole matter of dissection and sources of supply quiet was referred to, “the Secretary of State understands that your Board concur with him in thinking that legislation on the subject should if possible be avoided, or only adopted as a last resort.” ¹³⁶ It was left to the discretion of the LGB as to whether or not they sent this letter of encouragement to the union workhouses in their area and further research on all the union workhouse records would be needed to discover what specific effect it had. However, as the returns from London for 1905 to 1906 indicate, whilst student numbers had fallen by around three hundred since 1902 to 1903 the number of corpses had risen by seventy-four. ¹³⁷ Supporting the view that some success had been achieved by the efforts of Inspectors Bennett and Pickering Pick via the Home Office, at least in London, can be seen in a letter sent from Macalister to Pickering Pick. “I hear that the London supply is good and that there is a possibility of some schools soon ceasing to take in [corpses]. In case that the question arises of spare bodies I hope our

¹³⁵ Weatherall, *Gentlemen, Scientists and Doctors*, 193.

¹³⁶ Anatomy Office Correspondence, Lowery to Secretary of the Local Government Board, Newcastle, 18 January, 1904, MH 74/37.

¹³⁷ Anatomy Office Returns, Student numbers and available corpses from metropolitan and provincial schools, 1905- 1906, MH 74/16.

necessities will claim some of your consideration. We are always as ravenous as the horseleech's daughters and can store as many as you are please to send us.”¹³⁸

Conclusion

Somerville developed the role of anatomy inspector despite having to overcome prejudice against dissection from the public and resentment by teachers of anatomy at the loss of their autonomy in dealing directly with bodysnatchers. The problems that he encountered, and his manner of dealing with them, which ultimately led to his dismissal from office, continued to haunt successive inspectors for the rest of the century.

The inspectorate never really succeeded in persuading those in legal possession of unclaimed corpses to provide sufficient cadavers to satisfy the requirements of medical education. Despite the continuing shortfall in numbers later inspectors of anatomy made very few changes in the way they worked compared to how Somerville had tried to deal with the problem. Unlike other inspectorates, which tended towards centralisation, successive inspectors of anatomy can be seen to have encouraged local arrangements to help ease shortages.¹³⁹ After an initial period, during which teachers of anatomy were optimistic that the Anatomy Act would solve their difficulties, they realized that the inspectors were ineffective in ensuring a fair distribution of cadavers and so developed their own strategies for obtaining corpses from hospitals and workhouses. If all

¹³⁸ Anatomy Office Out-Letters Book, Macalister to Pickering Pick, 20 February, 1905, MH 74/11.

¹³⁹ Weatherall, *Gentlemen, Scientists and Doctors*, 44; Anatomy Office Returns, Number of Corpses sent for Anatomical Examination from the Hulks, 1844 - 1847, MH74/16.

unclaimed corpses had been supplied and distributed according to the number of students there should have been enough for all anatomy schools. However there had been a failure on the part of the law makers by passing a permissive, rather than mandatory, law. As the law stood there were problems about achieving a fair distribution of corpses because of inaccurate returns and pressure from London schools pushing out lesser schools and provincial centres. I suggest that the desire to keep the whole business of supplying anatomical material as secret as possible by the central authorities was the reason behind many of the decisions anatomists took such as re-establishing their 'old' supply routes, producing false student numbers and offering incentives such as hospital places in return for all unclaimed corpses.

In the view of successive generations of politicians by its very nature everything to do with the dissection of human cadavers was contentious, the less the public knew about it the easier it was for inspectors to administer. However this need for discretion was instrumental in preventing any real change in the role of inspector of anatomy throughout the century. Inspectors were constrained by the reluctance of governments to reassess and amend the Anatomy Act. As has been seen no one was prepared to risk bringing such a controversial issue back into the public arena. In 1904 a letter from the Home Office stated:

It would be quite impossible for the Government to take up now any Bill of a contentious nature, and an amendment of the Anatomy Act would most assuredly be contentious having regard to the strong popular prejudice on the

subject. Even assuming I am wrong in thinking that a Bill of this kind would be hotly contested in the House of Commons, it would still be easier for a private member's bill backed by members on both sides of the House, to get through than for a Government Bill to do so.¹⁴⁰

This exactly echoed Sir Robert Peel's comments seventy-six years earlier when he told Warburton that whilst he agreed with the need for legislation on the question of supplying cadavers for dissection he "was afraid of a public discussion on the subject," and accordingly could not promote a Government Bill but had left it to Warburton to bring in a private member's bill.¹⁴¹

¹⁴⁰ Anatomy Office Correspondence, Chalmers to Bennett, 27 May, 1904, MH 74/37.

¹⁴¹ *Hansard 2d ser.*, 20 (1828), cols. 1612-1614.

Chapter 4

Medical Acts and Medical Education: Students and Practitioners

Between 1800 and 1900 there was a fundamental shift in the status of medical practitioners away from their early association with trade to a professional position in society gained via rigorous university courses leading to recognised qualifications.¹ This changing pattern was mirrored in the stereotypical representation of medical students. In *The Pickwick Papers* (1836) Charles Dickens described his “sawbones ... in training” as hard drinking, cigar smoking gluttons who thought nothing of discussing dissection in public and relating surgical anecdotes whilst graphically depicting an operation to remove a tumour from a man’s head “by means of an oyster-knife and a half-quartern loaf.”² By 1900 this image had been replaced and “although sometimes drunk and prone to youthful pranks,”³ medical students had come to be regarded as hard-working and intent on taking their place in a modern profession.⁴ Peterson has described the medical profession in the early nineteenth century as being in “a state of near chaos” with nineteen different licensing bodies and no overall regulatory body to maintain standards of education.⁵ Although following legislation in 1858 she agrees that students were better regulated, their path to qualification better defined and that by the latter part of the

¹ French and Wear, *British Medicine*, 1.

² Charles Dickens, *The Pickwick Papers* (Oxford: Oxford University Press, 1991) 406, 409.

³ Waddington, “Mayhem and Medical Students,” 45.

⁴ For a discussion of the status of the medical profession in the late nineteenth century see Bonner, *Becoming a Physician*; Peterson, *Medical Profession*; Waddington, *Medical Education*.

⁵ Peterson, *Medical Profession*, 5.

century a seriousness marked out the behaviour of most medical students.⁶ This change was partly the result of pressures brought to bear by three significant pieces of legislation, and partly due to pressure from medical students who realised that to succeed in a competitive profession they needed better training.⁷ Bonner suggested that historians gave “surprisingly little attention to the general subject of medical education,”⁸ although this issue has been addressed in recent works by, for example, Anne Digby, Terrie Romano, Keir Waddington and Mark Weatherall.⁹ Waddington noted that little had been written about medical students partly because it is difficult to access their experiences. “In the historiography of medical education, students are largely absent or silent consumers.”¹⁰ I have concentrated on using material written by medical students and practitioners who either trained or practiced in East Anglia in order to compare their experiences against the accepted views outlined above. I have looked at the way legislation, coupled with the pressure for practical anatomical teaching as indicated by entries in the diaries of eager and ambitious students increased the demand for cadavers, always in short supply across Britain and especially so in East Anglia. In my view the use of these diaries together with autobiographies and biographies, provide evidence for how changes in medical education were perceived by those who experienced them.¹¹ All the works cited in this chapter, by or about successful students or respectable practitioners,

⁶ Ibid, 84 – 86.

⁷ An Act for better regulating the Practice of Apothecaries throughout England and Wales, 1815, *Statutes of the Realm*, 55 Geo. 3, c. 194; An Act for regulating Schools of Anatomy, 1832; An Act to regulate the Qualifications of Practitioners in Medicine and Surgery, 1858, *Statutes of the Realm*, 21 and 22 Vict., c. 90; An Act to amend the Medical Acts, 1886, *Statutes of the Realm*, 49 and 50 Vict., c. 48.

⁸ Bonner, *Becoming a Physician*, 5.

⁹ Digby, *British General Practice*; Terrie M. Romano, *Making Medicine Scientific* (Baltimore: John Hopkins University Press, 2002); Waddington, *Medical Education*; Weatherall, *Gentlemen, Scientists and Doctors*.

¹⁰ Waddington, “Mayhem and Medical Students,” 45.

¹¹ Hewitt, “Diary,” 21-36. Hewitt looks at the differences between diary, as private and autobiography as a public mode of writing and challenges this assumption.

were written with different aims in mind and it must be remembered that they cannot unconditionally be considered to give an unbiased or comprehensive account of medical education in the nineteenth century.

This chapter marks a change in emphasis from the wider view of the impact of the Anatomy Act across Britain to its implications for students and medical practitioners in East Anglia. A brief survey of legislation affecting medical education is followed by detailed analysis of the training of individual practitioners with particular emphasis placed on the role of anatomy and changes in the availability of dissection material during the century. Focusing on East Anglian sources it has been possible to study the diary of Thomas Shephard Taylor which “comprises one of the most detailed accounts, and one of the few monographs, on the life of an English medical student in the nineteenth century,”¹² together with other local material from students between 1806 and 1866 and from practitioners between 1813 and 1900. To gain an insight into how legislation was perceived by students and practitioners and how it influenced their own medical training I have made use of a number of sources. John Green Crosse¹³ published some of his material during his lifetime, Thomas Shephard Taylor did not. Peter Eade wrote most of his autobiography before his death but it was published posthumously. Granville Sharp Pattison and James Paget left recollections for family members to publish. Their reasons for keeping diaries varied but, as Hewitt has explained, diary keeping had a long history and as such was a familiar genre to all my

¹² Anthony Batty Shaw, *Norfolk and Norwich Medicine* (Norwich: The Norwich Medico-Chirurgical Society, 1992) 76.

¹³ Crosse added the ‘e’ to his name in 1830 after finding out from old family papers that his ancestors had, up until his great grandfather, always spelt their name that way.

subjects.¹⁴ Where there are gaps in the local records additional material has been consulted from a wider geographical area. In my choice of sources I do not claim to provide a definitive picture of medical life in the nineteenth century: rather they stand as examples of personal experiences which give an insight at a specific time and place.

Medical Education before 1858

Before 1815 it was usual for a young man who showed an interest in a medical career to be indentured to an experienced doctor or apothecary for a period of five years. Although this practice was criticized for its narrowness and associations with trade Lawrence said that few would think of denouncing it in the early nineteenth century.¹⁵ During this time he would accompany his mentor on his rounds, observing how diagnoses were made and what medications were prescribed. He may have assisted in minor operations and eventually carried out simple procedures himself. At the end of the five years apprenticeship, students normally spent a further two years attending courses in anatomy and physiology at private anatomy schools followed by a short period 'walking the wards' at a London hospital.¹⁶ At this time medical education was unsupervised and unstructured by legislation. This lack of formality was of concern to *bona fide* apothecaries, surgeons and physicians who were anxious to eliminate quacks and charlatans from medical practice and raise the standing of the profession in society. Gradually a scheme whereby all who wished to practice medicine would have to

¹⁴ Hewitt, "Diary," 25.

¹⁵ Lawrence, *Charitable Knowledge*, 96 – 97.

¹⁶ Peterson, *Medical Profession*, 64; Lawrence, "Private Enterprise and Public Interests," 48.

undertake a specified course of training and be examined by a statutory authority coalesced into what was to become the Apothecaries' Act of 1815.

Lawrence has suggested that the 1815 Act was a major signpost in the history of medical education because it was the first Act of Parliament to require licensing by examination for all medical men who intended to give medical advice and dispense medicines in England and Wales.¹⁷ It marked a turning point between unregulated practice and the beginning of State intervention to control standards across medical education.¹⁸ The Act provided the AS with two major duties, the examining of candidates and the maintenance of a register of licensed apothecaries. Through their role as examiners the AS necessarily influenced the course of medical training. They required candidates to provide evidence that they had undertaken a five year apprenticeship with an experienced apothecary and were of good moral conduct. This apprenticeship period then had to be followed by six, three month long courses, two in anatomy and physiology, two in the theory and practice of medicine, one in chemistry and one in *materia medica*. A further six months experience in a hospital, dispensary or infirmary completed their training.¹⁹ The significance of the Apothecaries' Act for this thesis lies in the fact that it was the first piece of legislation that made dissection mandatory in a medical student's education so increasing the demand for corpses which were supplied by bodysnatchers. In effect legislation led to an increase in an illegal activity. Increasingly medical students sought a

¹⁷ Lawrence, "Private enterprise and public interests," 45; Idem, *Charitable Knowledge*, 104.

¹⁸ Holloway, "The Apothecaries' Act," 107-129.

¹⁹ Lawrence, "Private enterprise and public interests," 48; Peterson, *Medical Profession*, 60. The time spent in each of the medical institutions was changed in 1828 to reflect the differences in cases encountered in each type of establishment.

qualification from both the AS and the RCSE to give them the credentials they required to set up in general practice as surgeon-apothecaries and supply all the medical needs of their patients. The AS qualification was accepted as the basis on which one further year of study, as a surgeon's pupil in a hospital together with an examination by the RCSE, could qualify successful candidates as Members of the Royal College of Surgeons (MRCS).²⁰

For some time there had been concern over the number of students who chose to undertake part of their study abroad. In Paris, for example, they were able to gain easy access to corpses for dissection and could observe a wide range of medical conditions in the large hospitals. Once back in Britain students agitated for the reform of medical education to provide them with similar experiences at home. In order to reorganise medical education the Government set up a Select Committee on Medical Education to gather evidence in 1834. The Select Committee's report indicated three areas of concern; firstly there were insufficient corpses for the demands of the medical schools, secondly the three licensing bodies were unwilling to relinquish any of their existing powers, and finally the public were distrustful of the medical profession and generally held it in low esteem.²¹

²⁰ Crosse, *Surgeon in the Nineteenth Century*, 189.

²¹ Evidence of the Select Committee on Medical Education, 484 – 581.

The Medical Act 1858

Although seventeen bills aimed at reforming medical education and licensing were introduced in parliament between 1840 and 1858 all but the last failed to gain widespread support.²² They failed because the Colleges of Physicians and Surgeons did not wish to relinquish any of their control over medical education whilst the mass of general practitioners wanted the hierarchy done away with and equality for all medical men. When eventually the 1858 Medical Act came into effect it managed to walk a fine line between these opposing factions so ushering in improvements in the medical profession without upsetting any of the traditional hierarchies which existed.²³

The 1858 Medical Act established the General Council of Medical Education and Registration of the United Kingdom (GMC). Only practitioners on the GMC's register could obtain work in government posts, for example in the armed forces, gaols, lunatic asylums, union workhouses, by Friendly Societies or in any hospital that was not wholly supported by voluntary contributions. If anyone pretended to be a medical practitioner and used such a title falsely then they could be prosecuted under the Act and fined up to £20.²⁴ Although the GMC was ultimately responsible for the content and standard of medical education across Britain and could report any defects to the Privy Council, in practice it generally left the privileges and powers of the Colleges alone; the medical curriculum, examination of candidates and awarding of qualifications remained their

²² Peterson, *Medical Profession*, 30; Lawrence, *Charitable Knowledge*, 96.

²³ Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill & Macmillan, 1984).

²⁴ An Act to regulate the Qualifications of Practitioners, 686 - 688.

prerogative.²⁵ The explicit aim of the Act, as Stella Butler suggested, was to raise the standard of medical education and thereby improve the social status of the profession.²⁶

During the 1860s the GMC met many times to discuss what constituted a thorough medical education and to consider the future direction of professional training. They envisaged dividing medical education into two stages. Firstly students would undertake a pre-clinical course of study which favoured practical work by the students. Secondly they would undertake their clinical instruction in a hospital under the direction of a consultant where they could learn the practical aspects of diagnosis and treatment. The GMC's determination to improve educational standards had a significant impact on the demand for corpses. The RCSE also added to the pressure for cadavers when in 1870 they stated that "all candidates for the Licentiate or Membership of the RCSE had to attend a practical course of general anatomy and physiology [in which] the learners themselves shall individually be engaged in the necessary experiments and manipulations."²⁷

Medical schools had to work hard to provide the facilities and staff for the new sciences as well as the traditional areas of medical education. The raising educational standards left them competing for students and one of the greatest draws for any young man embarking on a medical career was a good anatomy course with ample material.

²⁵ Ibid, 682 - 683.

²⁶ Butler, "Transformation in Training," 115.

²⁷ Bonner, *Becoming a Physician*, 259; P. O. Williams and Mary J. Rowe, eds. *Undergraduate Medical Curricula: Changes in Britain* (London: Pitman, 1963); Desmond, *Politics of Evolution*, 125.

The Medical Act (amended) 1886

The GMC sought an amendment to the 1858 Medical Act to take into account the changes which had occurred over the previous thirty years especially in the development of science and the establishment of new universities and medical schools in the provinces. The Act allowed for a combination of two or more of the medical Corporations to hold joint examinations in medicine, surgery and midwifery and to award qualifications. This encouraged the integration of the examining bodies, a step towards a unified medical degree in Britain. It further allowed for the appointment of inspectors by the GMC who could attend examinations to ensure that standards of proficiency were upheld by candidates. Therefore medical schools were moderated by external observers for the first time.²⁸ The effect of the Act was that all medical students had to study surgery, so increasing the number of corpses needed to practice operative skills on, and midwifery, adding to the demand for foetal and infant corpses.

In the 1880s, medical practitioners were becoming professionals leaving behind their early association with craft or trade. The Apothecaries' Act and the Medical Acts of 1858 and 1886 all served to define the courses students had to undertake to become qualified practitioners but they still did not stipulate the content of those courses. Throughout Britain there remained variation in the content and standard of the courses offered but one common factor everywhere was that new legislation had resulted in a higher demand for corpses for anatomical and surgical instruction. Corpses were also required in increasing

²⁸ An Act to amend the Medical Acts, 98.

numbers for the examining board's practical assessment of students. Taken together the centralisation of educational standards, the enlargement of medical education through an increased practical curriculum and a rise in the number of medical students put additional pressure on inspectors of anatomy to try to fulfil this increased demand for corpses.

Medical Education before 1832: Crosse, Hall and Pattison

Those wishing to train as medical practitioners in the early nineteenth century knew that anatomy and the practice of dissection were central to their education so it is all the more striking that medical students usually began their studies at sixteen years old and were subsequently appointed to positions of responsibility whilst still relatively young men. For example Richard Grainger was twenty-two when he opened the Webb Street School of Anatomy, John Green Crosse became demonstrator at Trinity College, Dublin at twenty-three and George Humphry was the youngest ever full surgeon appointed in Britain when he took up his appointment at Addenbrooke's Hospital, Cambridge when he was just twenty-two years old.²⁹ What these men had in common was that they were all apprenticed at the age of sixteen to established practitioners before moving to private anatomy schools and hospitals to continue their clinical studies in either London, Edinburgh, Glasgow or Dublin together with a spell in Paris.

²⁹ John Green Crosse, *Memoirs* (Green Book), 1819-1847, M5476, Norfolk Record Office, Norwich; Crosse, *Surgeon in the Nineteenth Century*, 49; Diana E. Manuel, *Marshall Hall 1790-1857: Science and Medicine in Early Victorian Society* (Amsterdam, Atlanta: Rodopi, 1996) 116.

The most complete record detailing the experiences of an East Anglian medical student in the early part of the nineteenth century can be found in the prolific writings of Crosse (1790-1850).³⁰ In 1805 he was apprenticed to Thomas Bayly, surgeon at Great Finsborough near Stowmarket, Suffolk, for £200 after his admiration for the medical profession had been stimulated by the competent way Bayly had set his fractured leg following a bad fall. Crosse became a member of the Bayly household for five years and during that time he accompanied Bayly on his rounds, learnt how to prepare pills and potions, to keep medical records and observed surgical techniques eventually performing minor procedures himself. Crosse kept meticulous records of all he observed including his first lithotomy, carried out on an inmate of the poorhouse on 24 May 1810. At nineteen years old this was an early introduction to the operation with which he would later make his name across Europe as the pre-eminent surgeon for the removal of bladder-stones.³¹

Crosse moved to London in 1811 to study at the Great Windmill Street School of Anatomy under the tutelage of Charles Bell, considered to be the greatest anatomist of his day. Whilst at the school Crosse spent much of his time practicing dissection on corpses supplied by London bodysnatchers, and working in the museum. Lawrence has shown that during the eighteenth century private anatomy schools developed to fill what was

³⁰ Crosse, *Surgeon in the Nineteenth Century*; John Green Cross, *Sketches of the Medical Schools of Paris* (London: Callow, 1815); John Green Crosse, *Diary of Letters 1815 - 1835*, MS470; *Letter Book 1835 - 1845*, MS471; *Scrapbooks*, MS4305 and T138A; *Case Book of J. G. Crosse 1847 - 1850*, NNH49/6; *Diary account of trip to Cambridge 1837 - 1838*, MS479, all Norfolk Record Office, Norwich; "Obituary of J. G. Crosse," *Lancet* 55, (1850):766.

³¹ Crosse, *Surgeon in the Nineteenth Century*, 15 - 30.

perceived as a gap in the training students could obtain in London hospitals.³² Private schools generally concentrated on teaching anatomy and surgical techniques and fitted in alongside apprenticeships, hospital ward-walking and lecture courses to provide students with a complete medical education.³³ Until 1822 certificates of attendance from private schools had been accepted by the RCSE towards their qualifications. However that year the RCSE decided to no longer accept certificates students gained in the summer months (summer dissection was only carried out at private anatomy schools) because they considered there would not be enough hands-on dissection due to the difficulty of acquiring and keeping cadavers in a fit state of preservation during the hot weather. By 1824 only certificates from universities, London hospitals or those countersigned by London surgeons were considered valid.³⁴ Desmond has seen this decision as a “manipulation of the law” which allowed the RSCE to both bolster the position of their College and hospital schools whilst affecting the viability of private schools.³⁵ The complexity of the influence of the RCSE on the demise of private schools has been further demonstrated by Desmond since he has shown that the College did “surreptitiously” and “quietly” continue to accept summer certificates from Joshua Brookes at the Blenheim Street Anatomy School and Richard Grainger at Webb Street Anatomy School after 1824. Yet overall there was a steady decline in the viability of private medical schools. In 1832 there were seventeen private schools operating in London; by the 1840s they had all closed.³⁶

³² Lawrence, *Charitable Knowledge*, 94.

³³ Manuel, *Marshall Hall*, 114.

³⁴ Desmond, *Politics of Evolution*, 154.

³⁵ Ibid.

³⁶ Ibid, 156.

In 1813 Crosse attended St. George's Hospital for his one year clinical training at the end of which he qualified as a MRCS, something his mentor Bayly had not considered necessary forty years earlier.³⁷ Whilst he was attached to St. George's he still found time to attend a full course of lectures given by John Abernethy at St. Bartholomew's Hospital, and another by Astley Cooper at Guy's Hospital.³⁸ Crosse never missed an opportunity to take courses at specialist hospitals such as the London Infirmary for the Eye. His devotion to the pursuit of excellence in anatomy is confirmed by an entry in his diary for Christmas day 1811, "went to Church and then dissected until the evening" before dining with Bell and his family.³⁹

For Crosse, and all other nineteenth century medical students, dissecting rooms have been described as brutalizing places, dangerous to the mortal and moral wellbeing of the young men who studied in them.⁴⁰ According to Bashford dissecting rooms were regarded as dangerous to young men particularly because of the total access they granted to the female body.⁴¹ There are numerous anecdotes in diaries and autobiographical material about the impropriety of lecturers and students, ranging from inappropriate comments through lascivious conduct to acts of necrophilia, indicating once again that dissecting rooms were places where normal social constraints were suspended.⁴² Certainly they were a liminal place; once entered the student moved from the public world to the professional and was set on the path to becoming a medical practitioner, one who in his

³⁷ Lawrence, *Charitable Knowledge*, 93.

³⁸ Crosse, *Surgeon in the Nineteenth Century*, 35.

³⁹ Ibid, 36.

⁴⁰ Diana E. Manuel, "Walking the Paris Hospitals: Diary of an Edinburgh Medical Student 1834-1835," *Medical History* 23, (2004): 169.

⁴¹ This is a theme which has been discussed at length in Alison Bashford, *Purity and Pollution*.

⁴² Ibid, 113.

everyday tasks crossed the boundaries of normal social intercourse and gained an intimacy with their patients unknown in any other profession. "The day when the medical student enters the dissecting room is the time of dedication to his profession; for then he puts his hand to a task that other men dread, and joins the company of those who have laid aside the deepest fears and prejudices of mankind."⁴³ Bashford has called dissection "a profoundly unstable and culturally precarious practice" and those who dissected "worked in decidedly dangerous margins between life and death."⁴⁴ Similarly Manuel recorded the difficulties Marshall Hall faced when as a student in Edinburgh he had to enter the dissecting rooms which he found "morally repugnant,"⁴⁵ and Jones in *Speaking for the Dead* has explored the effect that dissection, an act which "is an intrusion into the intimacy and privacy normally reserved for the dead," had on medical students.⁴⁶ Richardson has also concentrated on the effect the act of dissection had on the behaviour and morals of students. She emphasized the gulf which existed between dissector and subject, so indicating how the physical act of cutting up a human corpse became depersonalized.⁴⁷ Physically dissection presented a very real danger from infected cuts. An Edinburgh student, James Surrage, suffered a severe inflammation following an injury to his hand which left him unable to dissect and he only recovered after undergoing a painful course of treatment but he considered himself "exceedingly fortunate" not to have suffered a worst fate.⁴⁸ Others were less fortunate, John Phillips Potter, demonstrator of anatomy at University College received a small wound to his

⁴³ G. W. Corner (1930) cited in Sappol, *Traffic of Dead Bodies*, 74.

⁴⁴ Bashford, *Purity and Pollution*, 108 – 109, 115 – 119.

⁴⁵ Manuel, *Marshall Hall*, 32.

⁴⁶ Jones, *Speaking for the Dead*, 15.

⁴⁷ Richardson, *Death, Dissection and the Destitute*, 94 – 98.

⁴⁸ Manuel, "Walking the Paris Hospitals," 169.

hand which became infected and despite the attention of the best medical men he died three weeks later.⁴⁹ Little could be done at the time to prevent the spread of infection from diseased corpses or those which became dangerous through the natural process of decay.⁵⁰

Whilst Crosse's biography records his obsession with dissection what it cannot convey to the modern reader is the physical experience of the dissecting room or the nausea he must have suffered from the stench of decaying flesh. Richardson has shown that even literature aimed at medical students failed to prepare them for the sights and smells they encountered in anatomy schools where many cadavers, in various stages of decomposition were crowded about by students.⁵¹ The following description of decay described by Jennifer and Michael Green gives some insight into the conditions students would have encountered in handling human remains.

About thirty-six hours after death the first signs of putrefaction appear, abdominal distension begins and gas forms in the lungs and chest cavity so that offensive fluid is expelled from the mouth. Blisters appear on the skin, which then discolours and peels off in a process known as 'skin slip' allowing the widespread seepage of fluid. The body by now has a most unpleasant smell.⁵²

⁴⁹ *The Times*, 1 June, 1847, 8, col., f.; Richardson, *Death, Dissection and the Destitute*, 362; Sappol, *Traffic of Dead Bodies*, 79.

⁵⁰ Crowther and Dupree, *Medical Lives*, 45. The life expectancy of medical men in the early 1870s was lower than the male national average.

⁵¹ Richardson, *Death, Dissection and the Destitute*, 95.

⁵² Green and Green, *Dealing with Death*, 66-67.

Before satisfactory methods of preservation had been developed rapid decay was inevitable, especially during the summer months. One student at Edinburgh claimed that the corpses “provided maggots for fishing expeditions.”⁵³ Medical schools ran courses in anatomy between October and April but private anatomy schools offered courses during the summer months as well. The unsuitability of using anatomical material at the time when it decayed quickest was cited as the main reason that anatomy school certificates of attendance were eventually refused by the RCSE as providing valid experience for their qualifications.⁵⁴

Around the same time that Crosse was studying in London another student, Marshall Hall, was gaining experience of anatomy in Edinburgh. As a student Hall was an ardent dissector although in later life he came to regard dissection as both “disagreeable and repugnant.”⁵⁵ Like Crosse he was a studious young man but he was also a devout Christian. He attempted to justify the importance of anatomy to fellow Christians by saying that dissection revealed the hand of God in the design of the human body. Whenever a patient died at the Edinburgh Royal Infirmary efforts were made to acquire the corpse for dissection. To protect the hospital’s reputation its statutes required that permission was sought from the family and, through poverty, many agreed. However despite his early keenness to dissect Hall expressed compassion for the families of the deceased. He wrote in his diary, “It is painful to make the request [to dissect the

⁵³ Crowther and Dupree, *Medical Lives*, 61; David Trotter, “The New Historicism and the Psychopathology of Everyday Modern Life,” in *Filth, Dirt, Disgust, and Modern Life*, eds. William A. Cohen and Ryan Johnson (Minnesota: University of Minnesota Press, 2004) 35-36.

⁵⁴ Peterson, *Medical Profession*, 64.

⁵⁵ Manuel, *Marshall Hall*, 60.

corpse], and it is painful to visit the house of mourning and meet eyes bathed in tears; ... [However] it is no less incumbent on the friends of the deceased to further an object so replete with general good,” and agree to allow the body to be used.⁵⁶ In the histories of Crosse and Hall we are presented with medical students in the early years of the nineteenth century who show remarkable dedication to the seriousness of their studies and who eschewed the more usual disreputable activities attributed to their kind. It is notable however that, in contemporary records, those providing evidence of bad student behaviour never confessed their own involvement in any of the activities but rather use their reports as a means of indicating their own superior standing.⁵⁷

Diaries and autobiographical records also provide evidence of the difficulties and dangers of securing a plentiful supply of bodies. In 1813 Crosse accepted the post of demonstrator for James Macartney at Trinity College, Dublin. His chief tasks were to arrange and manage the museum and to organize a course of dissections to illustrate the lectures presented by Macartney. Whilst in Dublin Crosse continued to keep his diary and the entry for 26 November 1813 records that he “was walking about much to look for churchyards.” A week later he wrote “at night went out after dead bodies.”⁵⁸ It is not clear from Crosse’s accounts whether he actually resurrected bodies himself or whether he located possible sites and instructed the resurrectionists to lift the bodies for him. However the pressure to obtain sufficient corpses was great, Crosse had twenty-one students enrolled on his dissection course and to keep those students, and the fees they

⁵⁶ Ibid.

⁵⁷ Waddington, *Medical Education*, 52.

⁵⁸ Crosse, *Surgeon in the Nineteenth Century*, 60.

brought with them, it was essential to supply corpses. In a letter to Bayly, Crosse said that he had managed to obtain twenty-six corpses in just a few weeks, a remarkable achievement which permitted his students to undertake the dissection of an entire body. A prime site for the business of bodysnatching was the pauper's burial ground known as Bullie's Acre to the west of Dublin. There the poor of the city were interred during the day and lifted at night; the burial ground offered no security for the graves and was an easy target. However Bayly replied urging caution, "I think you must have no small hazard in the procuring of twenty-six bodies for dissection, and were you to continue in your situation I should wish you not to take the risk of being detected as it might lead to unpleasant consequences."⁵⁹ Crosse took heed of his mentor and despite his high regard for Macartney he resigned his position after just one dissecting season.

During the same year that Crosse spent in close association with bodysnatchers in Ireland Granville Sharp Pattison, a Glaswegian anatomist faced the consequences Bayly alluded to in his letter. At twenty-three years old Pattison was another of those young men who, almost as soon as their own training was over, set themselves up to teach the next batch of medical students. As in England anatomists in Edinburgh relied on resurrectionists to supply corpses for anatomy classes, but in Glasgow a different system of supply prevailed. Each teacher had his own private party of eight students who were given the responsibility of exhuming corpses for dissection. Pattison said they were "young and enthusiastic" carrying out their dangerous task with "dash and aplomb."⁶⁰ The medical schools offered no protection from the law to these students; their only benefit was the

⁵⁹ Ibid, 64.

⁶⁰ Pattison, *Granville Sharp Pattison*, 28.

supply of free tickets to the dissecting rooms in exchange for corpses. On 8 December 1813 the body of Janet McAllaster was taken from the Ramshorn Churchyard. This showed a lack of judgement or was perhaps an act of bravado on the part of the students since the Ramshorn was an expensive and fashionable burying ground. At the instigation of the McAllaster family Pattison's dissecting rooms were searched and six corpses in varying stages of dissection were found, together with the tools of the resurrectionists' trade. Pattison, along with two students, was indicted to stand trial for the criminal abstraction of the body of McAllaster. In finding the students not guilty and the case against Pattison not proven, due to a mix-up over body-parts in Pattison's dissecting room and his alibi showing him to have been otherwise engaged when the body was lifted, Lord Chief-Clerk David Boyle stated:

It is undoubtedly necessary that human bodies be dissected. The purpose of an honourable and useful science renders this indispensable, but it must not be obtained by offending the feelings of individuals, and disturbing the repose of the tomb...The graves of the dead must not, therefore, be invaded, and subjects for dissection must be otherwise procured...I trust that the present trial will have the salutary effect of teaching you caution and care in the future pursuit of your profession.⁶¹

The publicity from this trial dogged Pattison for the rest of his life. He was shunned by the medical profession in Britain and had to move to America to continue his career.

⁶¹ Ibid, 53.

In the winter of 1814 Crosse traveled to Paris to observe for himself the Parisian mode of medical education. As Bynum recorded, “by 1815 Paris was universally recognized as the Mecca of medicine.”⁶² France had a policy whereby all who died in the care of the state could be used to benefit medicine by being dissected. Crosse spent three months attending lectures, watching operations and dissecting in the various hospitals in the city and wrote up his observations in *Sketches of the Medical Schools of Paris*.⁶³ The most prominent characteristic of medical education in Paris was the cheap and plentiful supply of corpses available to French *and* foreign students. Although France had been effectively closed to British students since 1805 there was growing concern that once the Napoleonic War was over they would flock there and desert British anatomy schools. In his book Crosse tried to provide an honest account of what was available. At L’Hospice de Perfectionnement he found that morbid anatomy was regularly carried out before a class of around one hundred students. “Nothing is more useful than these histories of, and comments upon cases, and these demonstrations of morbid parts; and I can hardly express how much pleasure I felt at seeing these things so well conducted.”⁶⁴ At the other end of the scale, together with over one thousand students, he attended a lecture on surgery where six subjects were used to demonstrate the operation for inguinal hernia. Although the skill of the surgeon was not in doubt Crosse recorded:

I have seldom learnt less from any good practical lecture than I learnt from this. I was too far off to distinguish well what I saw, or comprehend what I

⁶² Bynum, *Practice of Medicine*, 26.

⁶³ Cross, *Medical Schools of Paris*. On the title page he listed himself as Member of the College of Surgeons in London; Corresponding Member of the Société Médicale D’Emulation of Paris; and late Demonstrator of Anatomy in the University of Dublin.

⁶⁴ Cross, *Medical Schools of Paris*, 42.

heard; and I returned home with a feeling of regret that what is grand should be so far remote from what is most useful. ⁶⁵

However he was impressed with the dissecting rooms of L'École de Medecine where there were six well ventilated buildings each with twenty dissecting tables and those at La Pitié which had three "immense dissecting rooms" with thirty tables in each and a skeleton hanging up for students to refer to. "All the bodies of those who die at L'Hotel Dieu are regularly brought to these rooms to be dissected, and when they have been converted to this rational purpose, the *debris* are as regularly taken away to be buried." ⁶⁶ During 1814 Crosse discovered that "above four hundred students" had dissected there. ⁶⁷ Conditions for the students were superior to those that Crosse had experienced in London. Good ventilation and fires together with a rapid turnover of corpses meant that the smell was seldom overpowering. Although he was critical of some aspects of training he saw: "bodies are too plentiful, and obtained at too low a rate, to be properly valued: and consequently most of them are rather *cut up* than dissected," ⁶⁸ he returned from Paris generally impressed with what he had seen and hoped that his book would encourage acceptance of the best of the Parisian manner of education in British schools. ⁶⁹

Once back in England Crosse settled in Norwich where despite already holding the MRCS he was taken on as a student by Mr. Martineau at the Norfolk and Norwich

⁶⁵ Ibid, 24.

⁶⁶ Ibid, 104.

⁶⁷ Ibid.

⁶⁸ Ibid, 49.

⁶⁹ For the influence of the French style on British medical education see, Bonner, *Becoming a Physician*, 85; John Harley Warner, *Against the Spirit of System* (Princeton: Princeton University Press, 1998) 67-94; Weatherall, *Gentlemen, Scientists and Doctors*, 36-37.

Hospital. As a student he was not allowed to perform operations but he could dress wounds, under supervision, make notes on surgical cases and operations, assist with operations and examine operative specimens and corpses. Although a student with Martineau, Crosse found that another surgeon, Mr. Dalrymple, took an interest in him recognizing his ability at dissection and encouraging him to dissect at every opportunity even allowing him to do so at his own house. However material to practice on was always in short supply. Once established in Norwich Crosse became aware of how much harder it was to source corpses there than it had been in Dublin where he had been able to work alongside bodysnatchers. Across provincial England most corpses removed from rural graves were destined for the London market where anatomists paid high prices for 'subjects' and such was the case in Norfolk. Crosse was also dismayed by the lost opportunities he encountered at the NNH where very few post-mortems were carried out, and he became determined to take advantage of every opportunity he could to obtain material for dissection. When he heard that some of the wounded from Waterloo were arriving in Great Yarmouth he, together with Dalrymple, went to the military hospital to see if they could be of any help. When they arrived the military surgeons, who had already taken care of most of the cases, were carrying out an amputation to remove a leg above the knee. Crosse recorded in his diary, "by a determination we made beforehand to lose nothing for ye want of asking for it, we got the limb and brought it through the streets under our arm, wrapped up in grey paper, to the Inn." ⁷⁰

⁷⁰ Crosse, *Surgeon in the Nineteenth Century*, 107.

Crosse, Hall and Pattison were all practitioners by the time the first piece of legislation, the Apothecaries' Act (1815), was passed. Their student experiences had been a combination of apprenticeship and a free selection from what private anatomy schools and medical schools could offer. Anatomy had formed the cornerstone of their studies and to ensure sufficient opportunity to engage in practical dissection they had all had to spend time in a large city where there was a plentiful supply of corpses in contrast to the dearth of supply in the provinces. The next cohort of students to be considered span the period between 1815 and 1858 when the change from apprenticeship to pupilage was accelerating and provincial schools started to provide medical education to rival that available in the metropolitan centres and at a lower cost to the student.⁷¹ To be an apprentice meant to be bound to a practitioner for a specified period of time, pupilage was an alternative to apprenticeship. It meant that a student lived with a hospital surgeon and accompanied him at work on his hospital rounds. It was a less formal arrangement than apprenticeship, with no specific time period, and allowed the student access to a wider range of clinical experiences. Although apprenticeships became less popular during the nineteenth century with 36% of those qualifying between 1820-39 having completed one, 21% between 1840-59 and 11% between 1860-79, they were not finally abolished until 1892.⁷²

⁷¹ Lawrence, *Charitable Knowledge*, 108. Lawrence shows that pupilage, defined as a form of instruction centred on payment for the short-term privilege of learning about practice within the medical charities, in contrast to instruction among private patients with a single practitioner was used throughout the eighteenth century. I refer here to the period when pupilage was increasingly displacing apprenticeship as the route to qualification.

⁷² Digby, *British General Practice*, 38.

Medical Education 1832 to 1858: Paget and Eade

Pupilage places were advertised in local newspapers by surgeons such as Henry Bond and Mr. Lestourgeon at Addenbrooke's Hospital, Cambridge as early as the 1830s.⁷³ Bond noted in his advertisement that the certificates of attendance students gained at the hospital were recognized by the RCSE and the AS. By the 1830s attendance at private anatomy schools had ceased to be acceptable to these bodies so it was considered important to point out to students attending Addenbrooke's that certificates gained there were acceptable towards their qualifications. Although pupillage was a looser arrangement than apprenticeship it still constituted a mentor/student relationship which encompassed more than just the teaching of medical subjects. The following advertisement has been cited at length because it illustrates all the important elements recorded in the writings of East Anglian teachers and students for this period. The advertiser offers theoretical and practical instruction in many branches of medicine (including anatomy) together with moral guidance in a family home.

MEDICAL EDUCATION

There is now a VACANCY for a well-educated Youth in the family of a married gentleman, practicing the higher branches of the profession, and residing in a healthy part of the country, who is attached to a large Provincial Hospital. The advertiser can confidently state that the situation offers numerous and peculiar advantages. The young gentleman will have abundant

⁷³ *Cambridge Chronicle*, 8 October, 1830, 2, col., c.

opportunities of acquiring a thorough knowledge of every branch of the Profession, by being well-grounded in Dispensing and Pharmacy by attending daily the surgical and medical practice of the hospital, and the private lectures and instructions of the advertiser, in the medical classics, in the *Materia Medica*, the Elements of Anatomy, Chymistry, etc. He will be treated in every respect as one of the family, and his morals as well as his professional education will be strictly attended to.⁷⁴

Similarly once Crosse had been appointed as a surgeon at the NNH he always had several pupils living with him and he took his care and education of them very seriously.

I have always regarded my educating students for the medical profession, and taking charge of them under my own roof, as one of the most useful duties and most satisfactory, that I have been enabled to perform in life. If there be any value in steady habits of industry, in methods and arrangement of conducting professional business, in strict medical morals – all these are multiplied for the advantage of society by pupils being educated in my house – none of whom can fail to imbibe many of their Master's habits so long as he succeeds in making them look up to him with respect.⁷⁵

Crosse was paid £100 a year for each pupil to accommodate them and “improve their minds and check their animal spirits,” a difficult task as some were “too fond of clothes

⁷⁴ *Cambridge Chronicle*, 31 December, 1842, 1, col., d.

⁷⁵ Crosse, *Memoirs* (Green Book), 1819 - 1847, M5476.

and food rather than study.”⁷⁶ It was to these students that Crosse took home specimens removed from the hospital to his own dissecting room behind his family house in Orford Place, Norwich. In contrast to his time in Dublin, Crosse was unable to provide his students in Norwich with the opportunity to carry out whole body dissection. He was critical of the lost opportunities for anatomical study at the hospital where he encountered a reluctance to allow the performance of post-mortems or to use pauper corpses for dissection. Crosse does not give the reasons for this decision, which he strongly disagreed with, but it would seem likely that the hospital governors wanted to avoid the public disapprobation which was bound to come if there was any conflict between the hospital’s role as a place of healing and its desire to obtain corpses for dissection. Therefore Crosse continued to teach his anatomy classes at home using whatever material he could obtain from the hospital.⁷⁷

Encouraged by his more serious students Crosse began campaigning for the recognition of the NNH as a teaching hospital in the 1820s.⁷⁸ The only provincial schools of medicine whose courses were accepted by the RCSE at the time were at Oxford and Cambridge. William Lawrence, a surgeon at St. Bartholomew’s Hospital, was active in attempting to persuade the RCSE to recognize medical education in provincial hospitals and Crosse entered into correspondence with him.⁷⁹ The eminence of provincial practitioners in their own particular fields (Crosse was an excellent lithotomist) was acknowledged, “Need I mention Mr. Hey of Leeds; Mr. Hodgson of Birmingham; Mr.

⁷⁶ Crosse, *Diary of Letters*, Crosse to Bayly, 20 October, 1830, MS470.

⁷⁷ Crosse, *Diary of Letters*, Crosse to Howship RCS, 25 July, 1830, MS470.

⁷⁸ Crosse, *Surgeon in the Nineteenth Century*, 123.

⁷⁹ *Ibid*, 133.

Martineau, Mr. Dalrymple and Mr. Cross (sic) of Norwich, and Mr. Barnes of Exeter – names that will amply warrant me in stating my conviction that the surgeons of provincial hospitals are as fully competent to the instruction of students as the favoured body who are attached to the London hospitals.”⁸⁰ By 1830 schools had been established in Manchester, Birmingham and Sheffield and Crosse determined to open one in Norwich. However the Governors at the NNH refused permission to use the hospital for teaching anatomy and so, together with several other practitioners, he commenced a course of sixty lectures on the principles, practice and operation of surgery in a room in Bethel Street, Norwich. Mr. Lubbock and Mr. Nichols gave lectures on anatomy and physiology and Mr. England taught the practice of medicine. Students did attended the hospital to observe the surgeons on their rounds and assisted with day patients. By 1833 Crosse had managed to obtain recognition for Norwich as a centre for medical education by the AS and the RCSE.⁸¹

The standing of the NNH was enhanced in 1845 with the creation of a medical museum. The nucleus of the new museum was over eight hundred exhibits donated by Dalrymple together with 303 from Crosse’s own collection. At the official opening Crosse said “the two great objectives of the hospital were the treatment and cure of patients, and the instruction of pupils – the museum would prove invaluable in the latter.”⁸² In Chapter 3 it was shown how difficult it was for provincial centres of education to obtain sufficient

⁸⁰ *Lancet* 9, (1826):728.

⁸¹ Crosse, *Surgeon in the Nineteenth Century*, 190.

⁸² “Gift to the Norfolk Hospital,” *Lancet* 41, (1843):199; Crosse, *Surgeon in the Nineteenth Century*, 171.

corpses to provide practical experience of anatomy for their students and so a well stocked museum was a particularly important teaching resource for them.

The problem, as we have seen, of sourcing sufficient anatomical material was not specific to Norwich and finding ways of preserving what was available to extend its usefulness exercised many men. Methods suggested had included ice, spirits and sulphate of ammonia but none of these had proved successful.⁸³ In 1836 William Roberts claimed to have developed a fluid which could preserve corpses in a manner which kept the tissue supple and natural in appearance. He was supplied with a body by Somerville on which to demonstrate his invention. Five weeks after being treated the body was examined at Guy's Hospital by Mr. Hilton, demonstrator of anatomy and Mr. Cock, lecturer on anatomy. Their report stated that the "body generally had a waxy appearance...the large muscles were darker than natural and had a jelly like appearance...the brain was completely decomposed by putrefaction...the vessels and nerves had lost their natural appearances." They concluded that "the process instituted by Mr. Roberts prevents putrefication except in the brain and some few other organs of the body but the true anatomical characters were not in any part of the body preserved except in the deeper seated portions of the large muscles."⁸⁴ Other anatomist's reports were more favourable, Richard Partridge, lecturer in anatomy at King's College, welcomed the preservative, "it does not evaporate like spirit...it does not spoil instruments, or unnaturally harden the flesh like oxy-muriate of mercury, salt, nitre, alum etc...of course your preparation, by

⁸³ *The Times*, 22 January, 1839, 5, col., d; Richardson, *Death, Dissection and the Destitute*, 104; Evidence of the Select Committee on Anatomy, questions 951, 1355, 1356, 1357.

⁸⁴ Home Office Correspondence, Preparing Bodies for Dissection, 1836, HO45/190.

keeping the atmosphere of dissecting rooms sweet, would also contribute in an important degree to the health of the students.”⁸⁵ It seemed that the medical world was divided over Roberts’ claim to be able to preserve corpses but united in a desire to find some effective means to prolong the useful life of the material they had since if anyone could have manufactured an effective preservative then the problem of providing sufficient anatomical material for medical education could have been solved. After Roberts’ request for £5,000 to disclose his formula was refused by Lord Russell he became embittered and, as related in Chapter 3, he did his utmost to discredit the Anatomy Act and the Anatomy Inspectorate.⁸⁶

Two eminent East Anglian practitioners, James Paget and Peter Eade, undertook their training between the passing of the Apothecaries Act in 1815 and the Medical Act of 1858 and their records provide evidence for the continuing importance of anatomy for medical students during this period.⁸⁷ Paget was born in Great Yarmouth, Norfolk in 1814 and at the age of sixteen was apprenticed to Charles Costerton, a local surgeon, for five years. Paget’s elder brother George had been educated at Charterhouse, gained a MB at Cambridge and then pursued clinical training at St. Bartholomew’s Hospital.⁸⁸ It is likely that James would have followed the same path except that his father experienced financial difficulties and he had to be educated in his home town. It was Paget’s opinion

⁸⁵ Ibid.

⁸⁶ *The Times*, 17 April, 1844, 2, col., e; 12 June, 1844, 4, col., a; *Bloomsbury, Westminster, & Marylebone Reporter*, 29 October, 1859; Home Office Correspondence, Preserving Dead Bodies – Dublin, 1854, HO45/5297. Joshua Brookes, who ran an anatomy school in Blenheim Street, invented a method of preserving specimens for which he gained the Fellowship of the Royal Society.

⁸⁷ Peter Eade, *The Autobiography of Sir Peter Eade* (London: Jarrold, 1916); Shirley Roberts, *Eponymists in Medicine: Sir James Paget* (London: Royal Society of Medicine, 1989).

⁸⁸ Davis, *History of Medicine*, 124.

that a five year apprenticeship was too long.⁸⁹ He was an intelligent young man and found much of the work he was required to do dull and repetitive although he did concede in later life that working alongside Costerton had given him a good foundation in dispensing, a practical knowledge of medicines and had shown him that neatness and cleanliness when performing surgery were vital for a successful outcome. More importantly Costerton helped Paget learn the anatomy of the skeleton and supervised his dissection of body-parts obtained from operations at Great Yarmouth General Hospital where Costerton was a surgeon.⁹⁰ Paget, like earlier Norfolk students, did not seem to have had the opportunity to carry out the dissection of an entire body whilst studying in Great Yarmouth but had to make the best use of body-parts as they became available.⁹¹ Even after the passing of the Anatomy Act, which occurred whilst Paget was in Great Yarmouth, Costerton appears to have been unable to obtain an unclaimed corpse from the workhouse for his student. Like Crosse, Paget was interested in botany and wrote “I think that it is impossible to estimate too highly the influence the study of botany made on my life. It encouraged the habit of observing, of really looking at things and learning the value of exact descriptions.”⁹² Paget would undoubtedly have benefited from a good school and university education but, with the help of his brothers, he made up for the deficits of a parochial education and after four and a half years his apprenticeship was terminated and he embarked on a period of clinical training at St. Bartholomew’s Hospital.⁹³

⁸⁹ Ibid, 122.

⁹⁰ Roberts, *Sir James Paget*, 23.

⁹¹ Davis, *History of Medicine*, 123.

⁹² Ibid, 124.

⁹³ Ibid, 116 - 128.

In London Paget found that this period of his medical education was largely unstructured. He attended lectures at the hospital and ward rounds with Peter Latham but for the rest of the time planned his own curriculum.⁹⁴ Paget did not conform to the stereotypical medical student but was hard-working, frugal and exhibited moral rectitude. He was offended by the bad language and indecent stories of some lecturers and so outraged by the teachers of midwifery that he only ever attended two of their lectures. He described their language as “pitch from the defilement of which one feels even now not quite cleansed.”⁹⁵ It was his desire to become a surgeon and so he spent some of his time each day in the dissecting room and attended as many post-mortems as possible. He was not impressed with the dissecting room at St. Bartholomew’s:

the dead house (it was never called by any better name) was a miserable kind of shed, stone-floored, damp and dirty, where all stood around a table on which the examinations were made. And these were usually made in the roughest and least instructive way; and, unless one of the physicians was present, nothing was carefully looked at, nothing was taught. Pathology, in any fair sense of the word, was hardly considered.⁹⁶

Paget’s attention to detail and painstaking effort in all his endeavors was rewarded when he won all four prizes, in medicine, surgery, chemistry and botany, awarded by St. Bartholomew’s medical school in 1834.⁹⁷ Prizes were important for two reasons; they

⁹⁴ Ibid, 123 – 124.

⁹⁵ Roberts, *Sir James Paget*, 47.

⁹⁶ Stephen Paget, *Memoirs and Letters of Sir James Paget* (London: Longmans, Green & Co, 1903) 42.

⁹⁷ Davis, *History of Medicine*, 124.

brought successful students to the attention of the medical profession helping them to gain patronage and they often carried a financial reward which, as in Paget's case, funded a further period of study.⁹⁸ It was said by C. B. Keetley, who wrote *The Student's and Junior Practitioner's Guide to the Medical Profession* (1885), that prizes "have a value far exceeding their intrinsic worth. A gold medal worth £5 has, before now, led to an income of a thousand a year."⁹⁹ In 1836 Paget achieved the MRCS and travelled to Paris for three months to immerse himself in dissection and to observe as many operations as he could before returning to London to work at St. Bartholomew's Hospital. Paget became a highly regarded teacher and ran a successful private practice eventually becoming surgeon to Queen Victoria and gaining a knighthood. When he died in 1899 he was honoured with a funeral service in Westminster Abbey.¹⁰⁰

Another East Anglian, Peter Eade, had a medical career which began in the 1840s and continued for the rest of the century. In his autobiography, written towards the end of his life and published in 1916, he recorded that he began as an apprentice to his father in Blofield, Norfolk.¹⁰¹ Like Paget he did not complete his full five years but moved after three to study at King's College Hospital, London. As an apprentice he spent time assisting his father in his rural practice but during his third year he regularly rode into Norwich to attend at the NNH where he was a pupil of Crosse.¹⁰² Eade was a student at the point when apprenticeships were becoming less binding and other elements of

⁹⁸ Crowther and Dupree, *Medical Lives*, 50.

⁹⁹ Cited in Peterson, *Medical Profession*, 83.

¹⁰⁰ Davis, *History of Medicine*, 127.

¹⁰¹ Eade, *Sir Peter Eade*, 31.

¹⁰² *Ibid*, 34.

training could be undertaken. From his eclectic route to qualification he experienced apprenticeship, pupilage and a variety of tutors at King's College Hospital. When in his autobiography Eade compared the old system of apprenticeship with the new system of study at a medical school, like Paget, he saw benefits in the old system: "For a youth, who is hereafter to become a general practitioner, there is no doubt that the knowledge to be obtained in a well-ordered surgery is of incalculable advantage in after life."¹⁰³ But for a student who had the ambition to become a surgeon the restrictions of an apprenticeship, the difficulties of obtaining sufficient experience of anatomy through practical dissection and the limited number of patients to observe in small provincial hospitals meant that study in London, or another of the large cities, was essential. Whilst at King's College Eade proved himself to be an exceptional student but by no means a stuffy one. He lived in lodgings with other students and ate in tavern restaurants, went to the theatre and other places of amusement. But he also studied hard; in 1846 he passed the first examination for the degree of MB with honours in anatomy, physiology, chemistry and *materia medica*.¹⁰⁴ Despite his undoubted ability Eade lacked patronage and although he wished to start his career as demonstrator at King's College he was unsuccessful in obtaining the post. He returned to Norfolk where he worked with his father before setting up in practice on his own in Norwich. At the age of thirty-three he was appointed as physician to the NNH and thereafter he served as physician to most of the infirmaries and asylums in the area.¹⁰⁵ In later life Eade became involved in local politics first serving on the town council before becoming Sheriff of Norwich in 1880 and

¹⁰³ Ibid, 31.

¹⁰⁴ Ibid, 45.

¹⁰⁵ Ibid, 53 – 58.

Mayor of Norwich in 1883 and 1893.¹⁰⁶ It was through this work that he attended Sandringham where he came to the notice of the Prince and Princess of Wales and gained his knighthood, the culmination of a long medical career.¹⁰⁷

In the histories of medical education in the provinces it is usual to read of eminent practitioners and large voluntary hospitals but there were also small hospitals run by more modest individuals for the benefit of the poor. In his comprehensive account of medicine in Great Yarmouth Davis recorded that William Webber, surgeon, qualified at St. Bartholomew's in 1822 and eventually settled in Norwich. He founded the Free Hospital for the Hopeless, later renamed the Royal Hospital for Incurable Diseases in 1852. The hospital differed from the NNH because it was open to any poor person in need, they did not have to be sponsored by a supporter to gain admission. Webber obtained support for his venture from leading London physicians and surgeons and persuaded the Duke of Wellington to be its first president. As well as treating the poor Webber saw his hospital as a further opportunity for Norfolk medical students to gain clinical experience. However he was shunned by the clique of practitioners who ran the NNH and who participated in civic life. He was unable to sustain the continued financial backing of his London supporters and when he invited 150 medical men from across East Anglia to attend his first Annual General Meeting only five accepted his invitation. During 1855 he treated forty-six patients – the Norfolk and Norwich treated over eight hundred – and by the end of 1856 the hospital was closed.¹⁰⁸ Webber's idealism to create

¹⁰⁶ Ibid, 89 – 139.

¹⁰⁷ Ibid, 47 – 51.

¹⁰⁸ Davis, *History of Medicine*, 132.

a truly free hospital was a brave attempt to challenge the regime of voluntary hospitals but in an age when medical patronage was essential for success, once he had been snubbed by the elite practitioners in Norwich, his hospital was bound to fail.

Between 1833 and 1858 eighty-two students attended as pupils at the NNH spending an average of two years there before continuing their education usually at a London medical school. Initially most aimed to gain qualifications from the AS and the RCSE to enable them to be general practitioners in rural practices. Many of their teachers in the provinces held these qualifications but the medical world was changing and increasingly experienced practitioners felt the need to improve their qualifications. As early as 1834 Crosse had thought it might be necessary for him to gain a further medical qualification however it was not until 1845 that he eventually obtained a MD from the University of St. Andrews. Many other established practitioners also applied for a medical degree at Scottish universities to add to their surgical qualification.¹⁰⁹ Medical reform was in the air and when the Select Committee on Medical Education was set up in 1834 Crosse was one of the provincial practitioners called upon to give evidence. Unfortunately all the provincial evidence was lost in the fire at the Houses of Parliament (1834) and so we have to rely on personal letters and diary entries to gain an insight into the opinion of those practitioners. At that time Crosse ardently defended the apprenticeship system of training during six hours of questioning by the Committee. But by 1840 he wrote “medical education and legal qualifications should be uniform throughout the Empire, with liberty to practice in any part of it, and that an annual register should be kept of

¹⁰⁹ Ibid, 37; Ruth Richardson and Brian Hurwitz, “Joseph Rogers and the Reform of Workhouse Medicine,” *British Medical Journal* 29, (1989):1508.

those legally entitled to practice,”¹¹⁰ a view which pre-empted the 1858 Medical Act by eighteen years.

In the three decades which followed the passing of the Anatomy Act there had been a steady rise in the number of provincial centres which strove to provide medical education, often at the instigation of eminent surgeons and physicians, but it remained the case that London dominated medical education in England. The success of provincial schools was hindered by their continuing difficulties in obtaining sufficient anatomical material for their students who were compelled to complete their training in the cities.

Post 1858 Training: Taylor and Farrington

Thomas Shephard Taylor began his medical training in the summer of 1858 just a few weeks before the Medical Act (1858) became law. Taylor, the son of a clergyman from Dilham, Norfolk, was sixteen when he was lodged as a pupil with Frederick Bateman in St.Giles Street, Norwich where he was to learn the skills involved in running a private practice.¹¹¹ He also took advantage of the courses of lectures and the opportunities to observe hospital practice at the NNH. Although sourcing sufficient anatomical material continued to be a problem in Norwich, Taylor, in his diaries, reported on some significant improvements in how the hospital operated by the late 1850s. In the first six months of Taylor's training he observed operations for lithotomy, cancers, amputations and

¹¹⁰ Crosse, *Surgeon in the Nineteenth Century*, 162.

¹¹¹ Peterson, *Medical Profession*, 291. Peterson has shown that in a list of the social origins of medical students based on their father's occupation the sons of clergymen came second only to the sons of medical men.

appendicitis. He attended lectures by T. W. Crosse, Mr. Firth, Mr. Copeman, Mr. Williams and Dr. Bateman that covered such subjects as the circulation of the blood, surgical techniques, muscles of the leg and the structure of the heart. To illustrate these lectures body-parts removed during surgery or post-mortems were used. Post-mortems were also carried out in private houses. On one such occasion Mrs. Vasser's corpse was examined and "some peculiar gall-stones of the mulberry calculus class were found," but evidently further use was made of the body for the instruction of the students since Vasser's relatives were "highly indignant at our having inadvertently left a small piece of brain about after the post-mortem."¹¹² This entry seems to indicate something of the medical profession's carelessness about offending the family's feelings since after carrying out a post-mortem in the deceased's own home they also dissected further parts of the body. Such actions served to further fuel the public's disgust for dissection.¹¹³ Taylor continued to benefit from post-mortems. He obtained the brain of a child and a liver from a woman at the Bethel Asylum - the anatomy of which Bateman went over with him - and he observed a "case of ovarian dropsy" at the NNH, "an interesting post-mortem from which I abstracted a kidney for anatomical purposes."¹¹⁴ On 19 January 1860 he removed a cancer of the pylorus from the post-mortem of Mr. Murnane, the landlord of the Bell Hotel, Norwich, and took it home with him in his hat. On another occasion he recorded that "Beverley [another student lodging with Bateman] brought me up this evening a foetal leg for dissection, which I deposited with Murnane's cancer and

¹¹² Thomas Shephard Taylor, *The Diary of a Norwich Hospital Medical Student 1858 – 1860* (Norwich: Jarrolds, 1930) 1 February, 1859.

¹¹³ A. D. Bayne, *Royal Illustrated History of Eastern England* 2 vols (Great Yarmouth: James MacDonald, 1872) 485. In 1851 Norwich medical students were accused of leaving dissected body-parts around the city, seventeen years later William Sheward confessed he had murdered his wife and disposed of her body in this way to avoid detection of his crime.

¹¹⁴ Taylor, *Norwich Hospital Medical Student*, 12 December, 1859.

other tit-bits. How Beverly came into possession of the foetal leg this deponent knoweth not.”¹¹⁵ His seeking out of such parts became almost obsessive although not always successful. “Hugh Taylor and myself in our ardour for anatomical research, having given ourselves no little trouble to remove a brain from a subject in No. 14 [the post-mortem room at the NNH] were instructed by T. W. Crosse [surgeon] to hand it over to him for his own private delectation.”¹¹⁶ On another occasion Taylor took his cousin into the hospital and “introduced him to a corpse.”¹¹⁷ The evidence of Taylor’s diaries would suggest that in Norwich anatomy was taught as and when parts became available. Unlike the London medical schools where anatomy students could work in a methodical manner on a whole corpse, as well as using body-parts for study, there is no mention during Taylor’s time in Norwich of his ever carrying out the dissection of a whole corpse.

Whilst in Norwich Taylor became a dresser to Firth and paid a fee of £20 to attend upon him for one year, he also took the opportunity to ‘walk the wards’ with Eade whom he described as the idol of the Norwich medical students.¹¹⁸ Taylor recorded that Eade was critical of those dressers who missed the chance to dissect whenever possible, a criticism which could not be levelled at Taylor. Apart from the time he spent with Bateman, attending the hospital and practicing dissection Taylor was active in studying botany, chemistry, comparative anatomy, physics and visiting the Eye Infirmary and the Bethel Asylum.

¹¹⁵ Ibid, 23 February, 1860.

¹¹⁶ Ibid, 21 April, 1860.

¹¹⁷ Ibid, 9 February, 1859.

¹¹⁸ Ibid, 8 November, 1859.

On 16 November 1858 Taylor travelled to London to take the preliminary examination of the AS which he considered extremely easy. For the next nine months he prepared for the London University Matriculation Examination. This was a far harder challenge with written papers in French, arithmetic, algebra, English history, Greek, chemistry, geometry, natural philosophy, Latin and English language but Taylor passed and the following July he successfully took the honours paper. Official returns provide evidence that from the mid 1840s London University had been gaining in popularity with medical students' intent on studying for a MB or MD.¹¹⁹ Peterson suggested that the University of London enjoyed "the highest reputation for difficult and searching examinations."¹²⁰ Since it was founded the University had been recognized as having a rigorous medical curriculum with above average clinical resources at its disposal. One of the reasons for its growing popularity may have been to do with the way it tailored its organization, facilities and courses to the needs and desires of medical students. Its strong collegiate identity was also likely to appeal to students' parents. Medical students had long had a reputation for riotous living, drunkenness, foolish practical jokes and cheating in examinations. A robust college system helped to channel their exuberance into character building activities such as sporting events and served to instill a sense of loyalty and pride in their college.¹²¹ Towards the end of 1859 Taylor was ready to move to London but his father and Bateman decided he would benefit more from another year in Norwich. Gradually he took on more responsibility and started visiting patients on his own, although he was just seventeen. He wrote, "the patient's attention to the oracles that fell

¹¹⁹ House of Commons, "Returns of Student Numbers from the RCPL, RCSE, AS and British Universities," *Sessional Papers*, 1846, 1856.

¹²⁰ Peterson, *Medical Profession*, 66; Crowther and Dupree, *Medical Lives*, 51.

¹²¹ Waddington, "Mayhem and Medical Students," 47; Peterson, *Medical Profession*, 75, 82.

from my lips was very encouraging.”¹²² He was able to undertake minor procedures at the hospital such as extracting teeth and he tried out the new technique of galvanization intended to help strengthen the muscles in his patient’s arm. Taylor recognized and valued Bateman’s care of him and the other pupils: “he took great pains to lay the foundation of our future medical knowledge by giving us numerous lectures as well as clinical instruction.”¹²³

In September 1860 Taylor moved to London to study at King’s College Hospital. As has been discussed above, men like Crosse and Bateman took the moral welfare of their pupils to be an important part of their role and so misdemeanors tended to be of a minor nature and were quickly dealt with. However in contrast to the suggestion that London University was actively improving student behaviour Taylor reported continued bad behaviour. He considered the inappropriate conduct of some of the teaching staff to be a prime factor in the bad behaviour he observed by students in the dissecting room. One lecturer in particular, Partridge, was given to lewd comments.¹²⁴ During a lecture on the anatomy of the testicle Taylor recorded “Partridge, as usual, reveling in indecencies, going into minutiae and relating stories with extreme gusto.” But the next day was even worse, “the anatomy of the female generative organs. Partridge’s improper jokes far surpassing anything previously heard during the session.”¹²⁵ Waddington has described the bad behaviour experienced in dissecting rooms and lecture theatres throughout

¹²² Taylor, *Norwich Hospital Medical Student*, 12 September, 1859.

¹²³ *Ibid*, 1 September, 1860.

¹²⁴ Partridge was the anatomist who observed that the Italian Boy, Carlo Ferrari, had been murdered, see Chapter 2.

¹²⁵ Thomas Shephard Taylor, *The Diary of a Medical Student During the Mid-Victorian Period 1860 – 1864* (Norwich: Jarrold and Sons, 1927) 18, 19 March, 1862.

London medical schools at this time and the *British Medical Journal* (1857) reported that staff were frequently obliged to stop their lectures due to the noise or disturbances caused by unruly students.¹²⁶ At King's College, shortly after Taylor arrived, "Dr. Beale, in the course of his address, censured the ungentlemanly conduct of the students during the lecture, threatening to expel any person from the room who misbehaved himself in future."¹²⁷ On a further occasion the college Principal Dr. Jelf, called the whole medical department together to address them "on the subject of the late horrible indecencies in the dissecting room" by a student called Hughes. Taylor could not understand why Hughes had taken all the blame whereas those who encouraged his behaviour escaped punishment "for such a gross offence."¹²⁸ The tone of Taylor's diary entry suggested the seriousness of this offence yet tantalizingly he did not provide any details of what exactly took place in the dissecting room that day.

There is little doubt that conditions in the large dissecting rooms of teaching hospitals were very difficult for young men to cope with and the type of bawdy behaviour referred to may have been the only way some could deal with the experience.¹²⁹ Richardson and Hurwitz have addressed this same problem with regard to late twentieth-century medical students in their discussion at the end of "Celebrating New Year in Bart's Dissecting Room."¹³⁰ They considered the part played by dissection in modern medical training to be more than just a means of gaining knowledge of bodily structures but also a rite of

¹²⁶ Waddington, "Mayhem and Medical Students," 52.

¹²⁷ Taylor, *Diary of a Medical Student*, 15 October, 1860.

¹²⁸ Ibid, 19 November, 1861.

¹²⁹ Bonner, *Becoming a physician*, 74; Sappol, *Traffic of Dead Bodies*, 82-83; Waddington, "Mayhem and Medical Students," 53.

¹³⁰ Ruth Richardson and Brian Hurwitz, "Celebrating New Year in Bart's Dissecting Room," *Clinical Anatomy* 9, (1996):408-413.

passage, a way of instilling what William Hunter in the late eighteenth century called a necessary inhumanity and what is now referred to as acquiring professionalism. In a study carried out by Gustavson (1988) it has been shown that the initial reactions of first year medical students to entering the dissection room included faintness, nausea and panic. The anxiety they felt was expressed as embarrassment, levity or bravado. These reactions would appear to be little different from those witnessed by Taylor a century and a half ago.¹³¹

The other side to the unruly behaviour was the long hours of hard work at dissection, lectures and hospital rounds which were needed if students were to be successful in the frequent examinations they faced. "It was a harsh and strenuous life," and most students had to live frugally since, except for those from wealthy families, (and most medical students were not from these), the cost of a medical education was high.¹³² Together with the emotional response Taylor was also affected by the physical conditions of the dissecting room. To help reduce the rate of decay of the subjects and the smell associated with it, the rooms were kept very cold. On at least one occasion the fog which rose from the Thames and entered through the windows was so dense that he could not see and had to abandon his dissection.¹³³ However in London the supply of corpses was far better than anything he had previously experienced. Each student had the opportunity to work, alongside two others, on a whole cadaver. This gave them the chance to dissect in detail parts of the body and to observe their colleagues on the rest. Students also put their

¹³¹ N. Gustavson, "The Effect of Human Dissection on First-year Students and Implications for the Doctor-patient Relationship," *Journal of Medical Education* 63, (1988):62-64.

¹³² Bonner, *Becoming a Physician*, 76; Peterson, *Medical Profession*, 74.

¹³³ Taylor, *Diary of a Medical Student*, 7 January, 1861.

names down for body-parts. ¹³⁴ During the 1861 - 1862 season Taylor dissected the head, neck, arm, leg and abdomen. He also attended lectures where the thorax and viscera were examined, “the smell from which was not particularly agreeable. The wise ones of the Earth, of whom I was naturally one, gave the table a good wide berth.” ¹³⁵

Taylor’s comments on his dissection experiences were frequently humorous. One day when he arrived to continue dissecting a leg he was told it had been taken away for demonstration purposes so he recorded that ‘his’ leg had “walked off”. ¹³⁶ He also commented on the fatness or otherwise of the subjects, being particularly pleased with an arm he worked on.

One of the best subjects that has fallen to my lot this session, there being practically no adipose tissue or fat on it. A bonny buxom maiden with plenty of flesh on her bones is no doubt a pleasing spectacle for gods and men to look on in the ballroom, but when her poor dead body is resting on a table in the dissecting-room, it is a veritable horror to the student who is called upon to dissect it. It is a work of infinite labour and patience on the part of the student to remove all the superfluous fat that dives down between the muscles and prepare a dissection satisfactory to himself and to the critical eye of the demonstrator who rules the roost in the dissecting-room. ¹³⁷

¹³⁴ Crowther and Dupree, *Medical Lives*, 69.

¹³⁵ Taylor, *Diary of a Medical Student*, 24 January, 1861.

¹³⁶ Ibid, 7 January, 1861.

¹³⁷ Ibid, 12 February, 1862.

There was no way for students to avoid dissection even if they had shown any desire to do so. The *British Medical Journal* continued to echo the view we have seen throughout the first half of the nineteenth century when it claimed that anatomy “was the pillar and backbone of...medical and surgical studies.”¹³⁸ Although most descriptions of dissecting rooms emphasize appalling conditions and bad behaviour an alternative view was occasionally reported. During a visit to Cambridge Anatomy School in 1867 a correspondent for the *Lancet* saw “good working rooms occupied by hard-working students; a dissecting-room, well supplied with subjects, and a microscope room, used by men busily engaged, and evidently enjoying their work.”¹³⁹

In 1862 Taylor became an out-patient clinical clerk to Dr. Duffin at King’s College Hospital. He found the work there tedious and uninteresting, his main role being the writing out of prescriptions for Duffin who spent just two minutes on each case. Whilst there Taylor observed that many of the patients who required operations were reluctant to enter the hospital because they were afraid of being “cut-up” if they died, an indication of the continuing public prejudice against dissection.¹⁴⁰ His clinical experience was expanded by walking the wards with Dr. Garrod, attending as many midwifery cases as he could and completing a six months course at the Vaccine Institution on Tottenham Court Road. Throughout the final two years of his time in London Taylor was examined on a wide range of subjects until he had gained qualifications from the RCSE, the AS and a MB from the University of London. He then left London and returned to Norwich to

¹³⁸ *British Medical Journal*, (1859):835; Crowther and Dupree, *Medical Lives*, 68.

¹³⁹ Cited in Weatherall, *Gentlemen, Scientists and Doctors*, 102 – 103.

¹⁴⁰ Taylor, *Diary of a Medical Student*, 2 February, 1863.

begin earning his living as a provincial practitioner. He worked steadily to establish himself and finally was appointed as a physician at the NNH in 1879, a post he held until his death in 1891.

Anthony Charles Farrington, a contemporary of Taylor, began his medical training in Bath. He considered apprenticeships as a thing of the past for although apprenticed by his father with a local practitioner he wrote, "I did not confine myself by any means to serving my 'master', but at once became a pupil at the Bath Hospital, attending the lectures on medicine, surgery, etc., and soon filling the position of clinical clerk and surgical dresser in the wards and out-patients' rooms of the hospital."¹⁴¹ He lived with his uncle who oversaw his work until he left Bath for London in 1862 to study at St. Bartholomew's Hospital. Like Taylor, Farrington mixed study with many other activities including wrestling and he became the Bart's champion in 1863. He passed the RCSE examination at the end of 1864 and returned to Bath where he was appointed as house surgeon, an unsalaried position in which he continued to gain practical experience, but it became increasingly necessary for him to begin to earn a living. During the 1860s most medical students studied for the dual qualification of Licentiate of the Society of Apothecaries (LSA) and MRCS, these two qualifications being considered the most fitting for work in general practice.¹⁴² In 1861 a new qualification, the Licentiate of the Royal College of Physicians (LRCP), was offered and Farrington went to Edinburgh for three months to study for it. He valued his Scottish qualification which "we Englishmen

¹⁴¹ Evelyn Farrington, *All the Way in His Life* (Norwich: Jarrolds, 1932) 8.

¹⁴² Peterson, *Medical Profession*, 85. Also see Peterson Table 4 for a comprehensive list of all the subjects studied for each qualification, 62.

are proud to possess in addition to our own qualifications” a view which contrasts with Taylor’s opinion of the MD from St. Andrew’s University “which is not much thought of on this side of the Tweed, for very good and substantial reasons” since it seemed that if a student failed at his first attempt he seldom failed at the second.¹⁴³ Farrington worked in Bath until 1868 when he was offered a post as assistant to Dr. Image of Bury St. Edmunds, Suffolk. Unlike Taylor, Farrington made his career in general practice and by 1870 he had established his own private practice, first in Redgrave and then in the nearby town of Diss, Norfolk. He became the Medical Officer for the Guiltcross Union and spent much of his time caring for the “uneducated class” which made up the large body of agricultural workers in the district. He was particularly concerned about the women and children of poor families who were not covered by any form of medical care.¹⁴⁴ Paupers could access medical services via parish relief and men in employment were able to join sick clubs which paid out for medical treatment when required but wives and children were not eligible so he set up the Private Medical Club which, for a small contribution, provided access to a medical practitioner for them in times of sickness.¹⁴⁵

Both Taylor and Farrington are examples of the transition period in medical education which followed the 1858 Medical Act. Students who no longer underwent a full five years apprenticeship but instead began their training as pupils of a practitioner where they mixed observation of private practice with study in the local hospital before attending, for a period of two to four years, a medical school in London or Edinburgh where cadavers

¹⁴³ Farrington, *All the Way in His Life*, 21; Taylor, *Diary of a Medical Student*, 16 July, 1863.

¹⁴⁴ Kidd, *State, Society and the Poor*, 37.

¹⁴⁵ Farrington, *All the Way in His Life*, 38-39.

were more readily available, a greater range of institutions ran courses and they could attend upon specialists at various places as they chose. Later in the century students were more likely to study in one place, earlier students had been attached to one mentor but those of the mid-century could select from a wide and diverse pool of expertise to put together their own curriculum and, to a large extent, choose their own mix of qualifications.¹⁴⁶

Although the Anatomy Act had been in place for thirty years by the time Taylor and Farrington had qualified it had failed to solve the problem of sourcing corpses for dissection in the provinces and as we have seen their experience of dissection was limited to body-parts until they went to London. Successive inspectors of anatomy had failed to provide an adequate supply other than for the London medical schools which therefore remained the only places where students were able to fulfill the requirements necessary to gain their license to practice medicine. At this period the law did not ensure equal opportunities for training across the United Kingdom.

University Medical Education

Unlike earlier periods it has proved impossible to locate any personal records for East Anglian medical students or practitioners to provide detailed evidence of their experiences in the last quarter of the nineteenth century. Accordingly this period in the development of medical education relies on material from a wider geographical area and

¹⁴⁶ Digby, *British General Practice*, 53.

makes greater use of secondary sources to provide an overview of events. Peterson has shown that there was a growth in the number and range of subjects offered to medical students during the nineteenth century. As a minimum requirement for general practice in 1815 a student would have aimed to become a LSA and a MRCS, and he would have studied six subjects. By mid-century he would have had to cover eleven subjects for the same qualifications and by 1884, when many students also qualified as a LRCP, he would have needed to study eighteen subjects.¹⁴⁷ The threefold rise in subjects between 1815 and 1884 was due to two major developments. Firstly there was an increase in active student participation in practical courses. The RCSE required all their candidates to attend a practical course of general anatomy and physiology, where emphasis was placed on students individually engaging in experiments, manipulations and dissections.¹⁴⁸ Secondly, during the 1870s there was a general rise in the teaching of science which required specialized laboratories and the provision of specialist equipment, requirements best suited to medical education being offered at university medical schools in conjunction with an associated hospital for clinical practice as seen at St. Bartholomew's Medical School/Hospital or Cambridge University/Addenbrooke's Hospital.¹⁴⁹

To allow time to accommodate new subjects students spent a longer period studying for their qualifications. In the 1860s medical students generally spent three years at medical school, by the late 1870s four years was the norm and in 1892 the GMC set a minimum

¹⁴⁷ Peterson, *Medical Profession*, 62.

¹⁴⁸ Bonner, *Becoming a Physician*, 259; Sappol, *Traffic of Dead Bodies*, 314-316.

¹⁴⁹ Bonner, *Becoming a Physician*, 252; Butler, "Transformation in Training," 119-121; Waddington, "Mayhem and Medical Students," 60.

of five years. For the new provincial universities, such as Manchester and Liverpool, the provision of dissecting rooms and laboratories was not too great a hurdle since they could be an integral part of the new buildings, sometimes funded by endowments or public appeals. Butler has shown that educational establishments, especially those who aimed to provide for a wide social mix, were attractive propositions for philanthropists. For example Miss Brackenbury of Manchester gave £10,000 to the University's appeal in 1871 partly to fund building costs and partly to endow a Chair of Physiology, backing the University's belief in the importance of experimental science for the status of a medical school.¹⁵⁰

In contrast established universities faced more difficulties in providing adequate facilities. At Cambridge, for example, many of the buildings were ancient and not suitable for the needs of modern science. By the 1880s the old dodecagonal anatomy theatre, built between 1832 and 1833 had become riddled with dry rot and was in a general state of decay. It became necessary in 1885, due to rising student numbers, to erect a temporary iron building for use as a dissecting room. This building was used for six years before a new anatomical department, with attached lecture room to hold 280 students, was ready. Not only were newly built provincial colleges better able to provide accommodation for scientific study but they were usually cheaper to attend. Waddington has drawn attention to the shift in the "geography of training" showing that between 1850 and 1900 there was a steady increase in the percentage of students studying at provincial

¹⁵⁰ Butler, "Transformation in Training," 121.

schools which in turn placed pressure on London schools to try to maintain their share of medical students.¹⁵¹

Table 6.1 Percentage of medical students attending provincial schools 1850 – 1900

	Number of Students	% of Student body
1850	195	17
1860	316	20
1870	357	21
1880	532	23
1890	873	33
1900	927	37

Source: Anatomy Office Correspondence, Returns from Medical Schools, MH74/16, National Archive, London.

The Medical Act of 1886 brought in measures which went some way to unifying the examination process and establishing a pattern of university training. The general pattern followed by students in the late nineteenth century consisted of a preliminary examination across many subjects to establish an academic base before beginning their medical studies which would last a minimum of five years. They studied scientific courses for two or three years followed by three or four years of clinical training. Each

¹⁵¹ Waddington, *Medical Education*, 221.

day was filled with up to six hours of lectures and four more dissecting or observing clinical practice; the hours were long and the work increasingly demanding.¹⁵² The rigour of a medical education left little time for the exploits of earlier decades as Waddington explained: “Mayhem had been replaced with youthful enthusiasm;” students were portrayed as “industrious and gentlemanly” spending their evenings “devoted to reading.”¹⁵³ However they were still young men who had to let off steam at times and, as throughout the century, the environment of the dissecting room, where normal barriers were already transgressed, lent itself to impromptu sporting events and dubious practical jokes. The anxiety exhibited by earlier students when first engaged in dissection continued as expressed by the unknown author of “How Tubby saw the Old Year out – A Dissecting Room Yarn” when he wrote his account in 1893. The story refers to a fictitious medical student called Tubby who, bored on New Year’s Eve, went out for a walk and was attracted into the dissecting room of Bart’s Hospital when he saw that the lights were on. He found two or three hundred corpses gathered for their annual party. All were men and all were naked “indeed, some had gone one better than this and had parted with some of their skin and superficial fascia.”¹⁵⁴ In order to feel less obtrusive it was suggested that Tubby might remove his clothing as well. It could be that the author was trying to get medical students, who were the intended audience for this tale, to empathise with their ‘victims’ more closely so as to counter some of the less acceptable behaviour which still occurred in the dissecting rooms. Tubby had the opportunity to speak with the corpses and came to see them not as ‘subjects’ but individuals that were helping medical

¹⁵² Hurren, “A Pauper Dead House,” 69-94.

¹⁵³ Waddington, “Mayhem and Medical Students,” 50, 54, 55.

¹⁵⁴ Richardson and Hurwitz, “Celebrating New Year,” 409.

science by allowing their corpses to be dissected. Richardson and Hurwitz commented that “for nineteenth-century student readers, a return to the old ways of [mis]behaviour in the dissecting room would surely have proved impossible after a reading of this moral mortal tale.”¹⁵⁵

Some attempt was made to clean up dissecting rooms, or ‘meaters’ as they were known to Cambridge students, to make them hygienic, well laid out and well managed anatomical laboratories. Bashford and Sappol have both described them as male preserves and many male students smoked pipes to cover up the appalling smell until “accurate dissection was made more difficult by the haze of tobacco smoke that filled the room.”¹⁵⁶ A new difficulty arose in the late nineteenth century when women began to attend medical school where they had to take part in dissection if they wished to qualify to practice as a doctor. Some female students were happy to dissect alone or amongst other women but objected to working with men. In Edinburgh the situation was reversed and male medical students rioted in protest against having to work alongside women citing “the systematic infringement of the laws of decency by the dissection of female or male subjects by women, in the presence of men” as the reason for their actions.¹⁵⁷

¹⁵⁵ Ibid, 413.

¹⁵⁶ Weatherall, *Gentlemen, Scientists and Doctors*, 216.

¹⁵⁷ Bashford, *Purity and Pollution*, 112; Sappol, *Traffic of Dead Bodies*, 81.

Conclusion

During the nineteenth century the Apothecaries' Act (1815), the Medical Act (1858) and the Medical Act (amended) (1886), each had a major effect on the teaching of anatomy and hence the demand for corpses. Both Bonner and Digby have shown that early in the century students organised their own programme of medical training.¹⁵⁸ In contrast Peterson considered that students had lost control over their route to a qualification shortly after the start of the century.¹⁵⁹ The Apothecaries' Act first introduced the idea of regulating medical education, but the 1858 Medical Act proved to be a watershed with the establishment of a register for all qualified practitioners, although, as Steven Cherry has remarked, there was still no uniform system of training.¹⁶⁰ Warner considered that the elite of the medical profession resisted change since they wanted to retain their established control over practitioners.¹⁶¹ The 1870s saw an increase in science based study which accelerated change and brought about an increasingly prescribed curriculum. Changes in the legislation served to remove the 'pick and mix' curriculum whereby individual students bought into courses from numerous sources such as apprenticeships, private anatomy schools, foreign courses, university courses, walking the wards and short courses at specialist hospitals. In its place came a uniform, centrally governed curriculum which aimed to ensure a standardised education across the country for all practitioners. These changes had the effect of stipulating how many courses of anatomy each student

¹⁵⁸ Bonner, *Becoming a Physician*, 5; Digby, *British General Practice*, 46.

¹⁵⁹ Peterson, *Medical Profession*, 14, 28, 60.

¹⁶⁰ Steven Cherry, *Medical Services and the Hospitals in Britain 1860-1939* (Cambridge: Cambridge University Press, 1996) 29.

¹⁶¹ Warner, *Against the Spirit*, 141.

had to attend and eliminated attendance at foreign schools as being acceptable for a qualification as a medical practitioner in Great Britain.

In this chapter it has been shown that medical education was very flexible at the beginning of the nineteenth century and, despite legislation apparently introducing a more rigid regime, I would suggest that medical students still had a significant amount of choice in how they accessed their training until late into the century. During the nineteenth century the basic curriculum required to qualify as a medical practitioner changed significantly. In general terms there was an increase in the amount of structured study particularly practical work, lectures, laboratory work and supervised dissection replacing the amount of time spent in simple observation and ‘shadowing’ of a mentor in his own private practice. The tradition of apprenticeship was abolished by the GMC in 1892 and, with all practitioners having at least one and more usually two qualifications, the use of unqualified assistants in medical practices had ceased by the turn of the century.¹⁶² Private anatomy schools, which had provided an essential part of a student’s education up to the 1840s, closed under pressure from medical schools,¹⁶³ and new provincial universities had been established which began to challenge the standing of the metropolitan institutions. During the last two decades of the century London schools were being overshadowed by the rise in student numbers at provincial schools and by the 1890s Butler has shown that the number of students studying in London was declining in

¹⁶² Digby, *British General Practice*, 47.

¹⁶³ Anatomy Office Correspondence, Birkett to Pemberton, 14 July, 1891, HO45/9841/B11021. James Edward Brogden of Cardiff applied to the Anatomy Office to be allowed to open a private anatomy school in what was recorded by Inspector Birkett as “a legal but unprecedented application.” There is nothing in the record to indicate whether permission was granted or if the school ever opened.

absolute terms. The opening of the new Manchester Medical School, she claimed, “offered students facilities unrivalled by any other school in the provinces and superior to most schools in the capital.”¹⁶⁴

Several factors were involved in this geographical shift of the student body including the provision of purpose built facilities and the employment of leading scientists to teach the new subjects but of equal importance was the cost of study. As seen above Crosse, Eade, Taylor and, most clearly, Paget were affected by financial considerations over the choices they made about where to study. In 1897 the *Lancet* provided potential medical students with a break-down of the costs of training, it concluded that “if a student [in London] cannot command personally or by allowance from his parents £100 per annum, and look to receiving it regularly for at least four out of the five years of his curriculum, we consider that he is rash in these exacting days to embark upon our profession.” At a provincial school the cost, according to the *Lancet* fell to around £85 per annum.¹⁶⁵ The rise of the new universities not only adversely affected London medical schools, the smaller provincial centres also suffered, for example students eventually stopped attending the NNH around the turn of the twentieth century. However the new focus on scientific medical education did not find favour in all quarters. It was felt by some that medical schools provided best for the minority of students who aimed to become specialists but did not adequately train the majority who would work as general practitioners. Unlike the apprenticeship and pupillage schemes, late nineteenth century medical school students gained little understanding of how to run a competitive practice,

¹⁶⁴ Butler, “Transformation in Training,” 121, 126; Waddington, *Medical Education*, 221.

¹⁶⁵ “The Cost of Medical Education,” *Lancet* 150, (1897):437-439; Peterson, *Medical Profession*, 74.

to become familiar with the early stages of disease or to learn how to interact with patients from all walks of life.

Whilst the time spent gaining a medical education increased during this period to accommodate the new scientific curriculum the amount of time spent studying anatomy and physiology did not diminish. To provide enough corpses to allow medical students the opportunity to become proficient at dissection professors of anatomy spent much of their time establishing contacts with workhouse officials to try to ensure that all unclaimed corpses were sent to their schools (see Chapter 5) or appealing to Inspectors of Anatomy for a greater share of available corpses.

Despite being a century of change leading Bynum to conclude that, “in terms of concepts, institutions, and professional structure, the medicine of 1900 was closer to us...than it was to the medicine of 1790,” some things remained unaltered.¹⁶⁶ From the personal recollections and biographies of East Anglian students and practitioners it seems that the problem of acquiring sufficient corpses for the changing needs of medical education remained difficult throughout the nineteenth century. In particular it can be seen that even when the Anatomy Act improved the supply of bodies in the large cities where workhouses tended to comply with the request to send unclaimed corpses to be used by medical students, this increase was not mirrored in East Anglia. Throughout the century students in East Anglia gained most of their anatomical experience through dissecting body-parts as and when they became available from operations or post-mortems. This

¹⁶⁶ Bynum, *Practice of Medicine*, xi.

meant that a logical progression through the structures of the human body was all but impossible and only by undertaking additional study in London were students like Crosse, Eade, Paget and Taylor able to fill the gaps in their anatomical knowledge. The zeal with which they sought out dissection opportunities is clear from their diaries and autobiographies which provide good evidence of the strong demand for such teaching. This in turn placed pressure on teachers of anatomy to ensure good facilities in order to attract students.

The same sources also indicate that medical students did not gain a more respectful attitude to corpses following the Anatomy Act as had been hoped by those involved in its passage through Parliament. All of the men whose writings have provided evidence for this chapter were clearly very keen on dissection, an enthusiasm they held in common with most medical students and one which continued unabated throughout the century. From the early years of the century, when Pattison and Crosse were intimately involved with bodysnatching, through Taylor and Paget's fascination with dissection to Richardson and Hurwitz's interpretation of how students at St. Bartholomew's Hospital in the 1890s struggled to deal with their first experience of dissecting a human body, students have been portrayed as treating cadavers as objects not human beings. To overcome their natural feelings of embarrassment, disgust or fear students have been shown to resort to humour, irreverence and, occasionally, indelicacy to enable them to find ways of dealing with dissection and so eventually allowing them to become successful in their chosen career.

Chapter 5

Cambridge Medical School

As seen in the previous chapter, a steady stream of legislation placed an increasing emphasis on the need for medical schools to provide students with a detailed and thorough teaching of anatomy, with ever greater priority given to hands-on dissection of the human corpse. This meant that medical schools had to try to find more bodies for each student – at a time when the number of students was also increasing. This problem was particularly acute for provincial schools. We have seen in Chapter 3 that successive inspectors of anatomy had relatively few bodies to distribute and the majority of those available went to London schools. These factors left provincial medical schools reliant on establishing local arrangements to obtain the necessary supply of dissection material they required to ensure their continuation. I shall show how Cambridge Medical School succeeded in becoming on a par with the London schools by the 1890s due, in particular, to the efforts of William Clark, George Humphry and Alexander Macalister. Although the Anatomy Act seemed to cut anatomists out of the supply of cadavers when it ended their relationship with bodysnatchers in 1832 these men show that for a provincial medical school to be successful *they* had to take the initiative in sourcing material in order to make the legislation work.

This chapter looks at anatomical teaching and the problems of the supply of corpses at Cambridge – the main medical school in East Anglia. Previous historians have looked at

the development of Cambridge's medical school from different viewpoints. Rolleston provided an account of the courses and qualifications offered together with considerable biographical detail of the staff of the medical school throughout the nineteenth century.¹ This material was built upon by Rook, Carlton and Cannon who integrated the careers of Cambridge professors with the history of Addenbrooke's Hospital.² Weatherall focused attention on the students who attended Cambridge and began to examine the central role the study of anatomy played in their education. He showed that the demands of the examining bodies were difficult to fulfil due to the acute shortage of anatomical material available to provincial centres of learning.³ Hurren has provided a comprehensive account of the effect of the Anatomy Act on the supply of cadavers to Cambridge Medical School.⁴ In her article she claimed that the Anatomy Act stopped bodysnatching and the illegal sale of corpses but that "the new legislation exacerbated trafficking activities" by making it possible for poor law officials to obtain 'expenses' by 'selling' paupers for dissection.⁵ Hurren's focus was on the way that the Poor Laws were utilized to provide cadavers, especially between 1870 – 1900, a phase of poor law history which she said contemporaries called the "crusade against outdoor relief."⁶ She indicated that central government encouraged poor law guardians to sell unclaimed corpses to recover the cost of their care, a policy which she claimed benefited anatomists. In contrast I concentrate on the difficulties experienced by the professors of anatomy in sourcing corpses and how they used varying tactics throughout the

¹ Rolleston, *Cambridge Medical School*.

² Rook et al, *History of Addenbrooke's Hospital*.

³ Weatherall, *Gentlemen, Scientists and Doctors*.

⁴ Hurren, "A Pauper Dead House," 69 – 94.

⁵ Ibid, 70.

⁶ Ibid, 71.

nineteenth century to overcome the reluctance of many boards of guardians in East Anglia and beyond to join in the 'trafficking' of corpses. In common with Hutton's findings for Oxford and Manchester, ⁷ I present evidence which shows that the passing of the Anatomy Act did not solve the supply problem for provincial teachers of anatomy, rather it added to the complexity of supply which they had to address.

Although the Cambridge Medical School was attached to a prestigious university, between 1833 and 1869 the average number of men awarded the MB was less than four a year and at mid-century the faculty was almost moribund. This small number was due in part because Cambridge provided the academic foundation of a medical education but students then had to move, primarily to London schools, to complete their practical training on the wards and did not necessarily return to Cambridge to graduate. Yet by 1891 it had become one of the largest medical schools in Britain with a medical degree highly respected by members of the medical profession, ⁸ reaching a peak of excellence in the 1890s, before a period of decline set in leading Weatherall to express the opinion that "by 1909 Cambridge no longer even pretended to supply a complete medical education." ⁹

How did Cambridge manage to improve its standing so emphatically during the second half of the century? How and from where did it obtain anatomical material? And what

⁷ Hutton, "Anatomy Act in Oxford and Manchester," 125.

⁸ *Times*, 30 January, 1891, 6, col., c; House of Commons, "Returns from Cambridge University for the number of students gaining the MB between 1846 and 1869," *Sessional Papers*, 1856, vol.52, 1870, vol. 54.

⁹ Weatherall, *Gentlemen, Scientists and Doctors*, 195.

led to its subsequent decline? As with any school Cambridge did not work in isolation and developments across the country impacted on its ability to function successfully. The rise of new universities and changes in medical and poor law legislation meant that new strategies had to be continually developed. One of these strategies was good anatomical teaching. To discover how successive professors of anatomy met these challenges I have consulted archival material from workhouses held at the Norfolk, Suffolk and Cambridgeshire record offices. In addition considerable use has been made of the burial records of St. Benedict's Church, Cambridge the parish in which the medical school was situated. The evidence shows that professors of anatomy succeeded in improving the status of Cambridge as a centre of medical training by using the Anatomy Act to reassure and persuade guardians of the scientific merit of supplying unclaimed corpses to them. They achieved their success through the development of local arrangements directly with guardians, supported by inspectors of anatomy but not instigated by them. This chapter follows a largely chronological route through the nineteenth century showing the continuing difficulties which beset the Cambridge Medical School and the remarkably similar methods of overcoming these problems that each of the professors employed.

Cambridge Medical School's Early History

As early as 1565 John Caus, the man Rolleston claimed "was mainly responsible for introducing the study of practical anatomy into England," was granted by the King "two bodies a year of unknown strangers who died in Cambridge" for dissection at Gonville

and Caius College.¹⁰ But it was not until 1716 that Cambridge University established its first anatomical school to enable its students of ‘physick’ to study the structure of the human body. Initially students obtained corpses from the churchyards in Cambridge and the surrounding villages, according to Bailey, a common practice across Britain until the nineteenth century and one which resulted in disturbances between the students and townsfolk whenever their bodysnatching activities came to light.¹¹ After 1800 corpses were more usually supplied by bodysnatching gangs based in London but operating over a wide area of southern England. On one occasion Richard Watson, Professor of Chemistry at Cambridge availed himself of the opportunity to buy a corpse from them.

I dissected a subject which I had procured from London, in order to perfect myself in anatomy; my laboratory was my theatre... When we had finished the business we put what remained of the body into a box, and commissioned an old soldier to bury it in the fields. The man thought the box was worth something, and instead of burying it he opened it and poured the contents into the Cam, and as there happened then to be a great flood, some of them drifted on shore and excited a great suspicion of murder having been committed; but as no person was either taken up or suspected of it, we carefully kept our secret, and thus probably escaped being stoned, like anatomists of old, by a superstitious populace.¹²

¹⁰ Rolleston, *Cambridge Medical School*, 47.

¹¹ Bailey, *Resurrection Men*, 41.

¹² Crosse, *Surgeon in the Nineteenth Century*, 63.

Watson was Professor of Chemistry until James Cumming took over from him in 1815 so the incident he wrote about would have taken place some time during the first decade and a half of the nineteenth century.¹³ Watson indicated that he was aware of a general prejudice against dissection by at least a section of society in the past which he considered was still prevalent in his time. This provides evidence of continuity in the prejudice against dissection which Watson felt he had to protect himself against by maintaining secrecy over his actions. His anticipation of negative and violent repercussions should the dissection be detected was borne out during the 1833 riot in Cambridge previously discussed in Chapter 3.

William Clark, appointed Professor of Anatomy in 1817 was keen to teach practical anatomy, demonstrating the structures of the body in situ whenever he could obtain a corpse. Weatherall made the point that Clark presided over two types of dissection. If the corpse had come from bodysnatchers then the subsequent dissection was kept very private with just Clark and a few students present. However if the corpse was obtained legally then the dissection took on some of the attributes of a theatrical performance and was open to the public. Such an event occurred in 1819 when the body of Thomas Weem, who was executed for murdering his wife, was first subjected to a series of galvanic post-mortem experiments before being dissected and “laid open to public view.”¹⁴ In his approach to anatomy Clark made the distinction between the loathing

¹³ Weatherall, *Gentlemen, Scientists and Doctors*, 77.

¹⁴ *Ibid*, 42.

and disgust generally exhibited over the dissection of innocent victims and the frisson of excitement felt in the town following the execution and dissection of a murderer.¹⁵

Student numbers began to increase following Clark's appointment with the average number studying medicine rising from three or four a year to around twenty a year by the late 1820s.¹⁶ Clark presented a course of fifty lectures a year on special and general pathology and clinical medicine. In addition to his work on human anatomy Clark also established a highly regarded museum of comparative anatomy. However these developments in the curriculum put additional pressure on the school of anatomy to secure a more regular supply of corpses. The number of bodies available in any year varied considerably and despite the potential availability of executed murderers or corpses lifted from their graves Peyton Blakiston, physician and prosecutor at the medical school in the 1820s stated that he rarely had more than one subject at a time to work on and that he had to keep it pickled for the whole course to avoid waste. The primitive methods used at this time would have meant that his demonstration dissections would have been increasingly unpleasant as time went by with the remains slowly putrefying and eventually becoming useless for teaching purposes.¹⁷ Occasionally anatomical material would arrive from an unconventional source. The physician George Paget, whilst he was teaching at Cambridge, recounted how he had received a box containing a dead body sent to him by a farmer in Essex who had shot a burglar and did

¹⁵ Ibid.

¹⁶ Ibid, 38.

¹⁷ Ibid.

not know what to do with the body so had forwarded it to him to be dissected for the benefit of his students.¹⁸

By the end of the 1820s the popularity of clinical medicine had grown and students were increasingly desirous to correlate their observations of the living patient with changes to the body observable through post-mortem pathology. In order to recognise abnormal structures it was first necessary to experience dissection of unaffected organs and so the demand for corpses rose as students demanded practical anatomy in the Parisian style.¹⁹

In response to these changes a petition was organised to be placed before parliament asking for “the removal of the difficulties existing by the present state of the laws and the prosecution of the study of anatomy in this country.”²⁰ This petition, along with others from anatomists across the country, was taken into account in formulating the 1832 Anatomy Act.

Optimism that legislation would solve Cambridge’s problems was short lived. Whilst the Anatomy Act has been regarded as generally successful in London, very few corpses were ever sent to Cambridge Medical School by the inspectors of anatomy. When, in 1833 Clark wrote to the Home Secretary to ask for a supply of cadavers to be sent to Cambridge under the terms of the Anatomy Act he received a reply informing him that Lord Melbourn had asked Somerville, the Inspector of Anatomy to “arrange with you as to the best means of rendering you all the assistance which you require” to allow “the

¹⁸ Bailey, *Resurrection Men*, 159.

¹⁹ Warner, *Against the Spirit*, 67.

²⁰ *Cambridge Chronicle*, 13 February, 1829, 3, col., f.

prosecution of your anatomical lectures in the University of Cambridge.”²¹ Further assurances were sent asserting that “under the direction of Dr Somerville, every assistance and facility afforded under the arrangements of [Lord Melbourne]” would be forthcoming by order of Lord Normanby.²² However the promised flow of corpses did not materialise. The passing of the Anatomy Act did not increase the number of corpses available for Cambridge anatomists and as late as the 1842 - 1843 dissecting session only two cadavers were supplied via the inspectors. In the preceding session no corpses at all had been sent to Cambridge Medical School from this source. The Anatomy Act had stopped Clark obtaining bodies from the executioner or bodysnatchers but had not replaced these sources with a centrally organised supply, so he still struggled to teach anatomy effectively in Cambridge.

As we have seen in Chapter 3, Somerville faced great difficulties in the acquisition and distribution of unclaimed pauper corpses and pressure from powerful anatomists ensured that those he did have in his power to allocate mostly remained in London. Beset on all sides, with the Home Secretary assuring Cambridge anatomists that the inspector would assist them, Somerville sanctioned a course of action which he knew was in contravention of the Anatomy Act by supplying corpses from the hulks, those notorious rotting ship’s hulls moored in estuaries whose purpose was to hold prisoners awaiting transportation. This was Somerville’s own response to Clark’s request for corpses; Clark did not suggest using corpses from the hulks he just wanted Somerville to send him

²¹ Home Office Anatomy Entry Book, Phillipps to Clark, 2 November, 1833, HO83/1.

²² Home Office Anatomy Entry Book, Phillipps to the Professor of Anatomy, Cambridge, 8 November, 1839, HO83/1.

some anatomical material so he could get on with his teaching. In 1828 there were 4,446 prisoners held aboard these poorly maintained vessels and conditions were such that around 30% were expected to die.²³ Somerville foresaw difficulties if the bodies were discovered during the long distance they had to travel to reach Cambridge, and he was also aware that hulk doctors ‘sold’ corpses to London anatomists for £5 or £6 each and would resent this loss of income. If it became known he was redirecting corpses to Cambridge then the London anatomists could cause him further difficulties because they controlled the supply of corpses from several of the large workhouses and their intervention could lead to the cessation of supply from these sources. Clark tried to persuade Somerville that the strategy would work. He countered Somerville’s arguments maintaining that detection of corpses in transit could be avoided by employing trustworthy men to oversee the journey. Further Clark claimed that the hulks could supply “the old as well as the young – the corpulent as well as the emaciated – persons deformed and those justly proportioned.”²⁴ This was an important consideration because it was widely held that the majority of unclaimed workhouse corpses were of the elderly and as a source of anatomical material proved inadequate not only in terms of numbers but also in quality of material. Somerville was apparently convinced by these arguments because he did send Clark a corpse from a hulk in 1834 and two more in 1835 but the arrangement remained informal and the following year Clark told John Henslow, Professor of Botany at Cambridge, that “his warning of impending ruin to the medical school” was in danger of coming true if a more reliable source of corpses could not be

²³ Sharpe, *Judicial Punishment*, 52-53.

²⁴ Clark cited in Weatherall, *Gentlemen, Scientists and Doctors*, 46.

secured.²⁵ Somerville had been pressurised from all sides and he put his professional standing on the line in an attempt to help Clark continue with his lecture course by using a source of cadavers which he knew contravened both the Anatomy Act and his remit as inspector. Yet despite undertaking a desperate course of action the number of corpses he sent to Clark from this source was not enough to make a significant difference to the teaching of anatomy at Cambridge.

Although Somerville failed to supply Cambridge from the pool of unclaimed cadavers he had at his disposal he did offer his assistance in meeting or writing to the Cambridge Union Board of Guardians to encourage them to send the medical school their unclaimed corpses although the clear implication was that Clark would also have to approach them himself. This Clark did and the Board of Guardians agreed to supply corpses but, in the absence of any written record in the Cambridge Union archive, it can only be conjectured that either the decision was not unanimous or that the Board had capitulated under pressure from the Anatomy Office against their better judgement because they only provided one corpse in 1834 and two in 1836 before stopping the supply for the next seven years.²⁶

Whilst it was accepted that practical anatomy was a prerequisite for a successful medical school the difficulty in obtaining a good supply of corpses meant that alternative methods of teaching had to be used extensively. Clark was instrumental in establishing a

²⁵ Weatherall, *Gentlemen, Scientists and Doctors*, 45. Between 1844 and 1847 four more corpses from the hulks were supplied to Cambridge under the direction of Inspector Cursham.

²⁶ Burial Records of St. Benedict's, Cambridge, 1813 to 1854, 9 January, 1834, 7 February, 1836 and 1 July, 1836, P25/1/20, Cambridgeshire Record Office, Cambridge.

museum of comparative anatomy considered outstanding by his contemporaries containing, as it did, not only collections acquired from his predecessor but also a set of intricate wax models prepared by the renowned Italian model maker, Calanzvoli.²⁷

When in 1836, James Macartney, Professor of Anatomy at Dublin University, retired from teaching he sold his famous collection of over two thousand specimens to Cambridge for £1,000. This was the same collection that Crosse had catalogued in 1813 whilst working in Dublin and Crosse recorded in his diary that he was pleased to make the trip to Cambridge to see Macartney and renew his acquaintance with the collection he had known so intimately twenty years before.²⁸

During the first ten years following the Anatomy Act, while Somerville was still inspector, Cambridge fared badly in comparison to medical schools in London. At this time students were unable to fulfil the clinical requirements to attain the qualification of MRCS or become a LSA in Cambridge because of the lack of a sufficiently large hospital and so they had to go to London or elsewhere for two or three years before returning to Cambridge to take their medical degree. The danger was that students would choose to remain in London to complete their education where cadavers were more plentiful.

²⁷ Hurren, "A Pauper Dead-House", 73; Rolleston, *Cambridge Medical School*, 51.

²⁸ Crosse, *Surgeon in the Nineteenth Century*, 159; Weatherall, *Gentlemen, Scientists and Doctors*, 85.

George Humphry and the Supply of Cadavers

In 1842 Humphry successfully applied for the position of surgeon at Addenbrooke's Hospital, Cambridge with the support of the many eminent practitioners he had studied under in Norwich and at St. Bartholomew's Hospital, London.²⁹ Humphry was the youngest hospital surgeon in Britain and his appointment reflected his distinguished student life where he had won gold medals in anatomy and physiology. His career at Cambridge as Professor of Anatomy and later as Professor of Surgery was to span over fifty years. During this time he gained national recognition through his text book *Treatise on the Human Skeleton* (1858), by establishing in conjunction with William Turner of Edinburgh the *Journal of Anatomy and Physiology* (1867) and by being elected the first President of the Anatomical Society of Great Britain and Ireland in 1887.³⁰ In 1891 he was knighted in recognition of his distinguished career as a first rate surgeon, lecturer and teacher.³¹

Humphry had commenced his training as an apprentice to Crosse in Norwich but it was at St. Bartholomew's that he gained his life-long interest in anatomical specimens through an association with James Paget, curator of the hospital museum. His connection with the Paget family was to continue at Cambridge where he worked alongside the physician George Paget. It has been asserted that "the rise of the Cambridge Medical School during the nineteenth century to one of the largest and most

²⁹ *Cambridge Chronicle*, 20 August, 1842, 3, col., b.

³⁰ Hurren, "A Pauper Dead-House," 73.

³¹ Rolleston, *Cambridge Medical School*, 72.

distinguished in the United Kingdom was, to a great extent, due to the efforts of George Paget and George Humphry.”³²

In 1847 Humphry was appointed to teach human anatomy as Clark’s deputy, a post he filled until 1866 when he became the Professor of Anatomy. Almost immediately he took over the difficult job of sourcing anatomical material for the department. In 1848 he wrote to George Cursham, Inspector of Anatomy, complaining of a shortage of corpses. In response to one of his letters Cursham replied:

At Manchester, Liverpool, Birmingham, Leeds, Newcastle and Sheffield the guardians at the respective unions willingly give up the bodies of unclaimed persons and nothing unpleasant has occurred from their doing so. As the guardians of any workhouse are fully authorised by the law to do this, and as in the case of unclaimed bodies the feelings of no one can be wounded, I cannot but hope that you will experience no difficulty with the guardians of the Cambridge Union. Moreover when it is considered how essential a knowledge of Anatomy is to qualify a Medical Man for the proper discharge of his responsible duties, they would, I think, on reflection be disposed to afford every facility for its acquirement, as in doing so they would assuredly confer a greater benefit on the public than the profession.³³

The implication of Cursham’s correspondence with Humphry, which continued for several years, was that the Home Office expected medical schools to use the law to

³² Rook et al, *History of Addenbrooke’s Hospital*, 105.

³³ Anatomy Office Out-Letters Book, Cursham to Humphry, 25 February, 1848, MH74/10.

acquire corpses from their local workhouses. It was an admission that the proposed distribution of corpses via the inspectors of anatomy was not effective. Humphry was being told to find a local solution to a local problem. In fact Cambridge workhouse had first supplied a corpse to the university in 1834 and by the time of Humphry's letter in 1848, twelve corpses in total had come from that source. However that still meant an average of less than one a year, barely enough to illustrate a course of lectures and certainly not enough to allow the students to take part in practical anatomy.³⁴ The list of towns and cities Cursham quoted as having no trouble sourcing corpses is interesting in that they were all northern industrial centres with rapidly growing populations. It is well documented that the mobile populations of such centres of industry could result in the disintegration of the extended family, still common in rural areas, and the lack of any social cohesion may have manifested itself in a lack of concern for elderly paupers who were destined to die unclaimed and be sent for dissection.³⁵ The situation in the rural counties of Cambridgeshire, Norfolk and Suffolk was not the same. Although there were a large number of workhouses in and around Cambridge which could have offered corpses including Cambridge, Chesterton, Huntingdon, Bury St. Edmunds, Hitchin, Wisbech, Newmarket and Peterborough, unlike workhouses in large urban areas these unions had relatively few bodies a year which fulfilled the Act's criterion for supplying to anatomists. Even with complete compliance by the guardians Humphry would have found the supply inadequate both in terms of numbers and reliability and having a reliable network of supply was as important to the successful running of an anatomy

³⁴ Anatomy Office Out-Letters Book, Cursham to Humphry, 25 February, 1848, MH74/10; Burial Records of St. Benedict's, Cambridge, 1813-54, P25/1/20.

³⁵ Best, *Mid-Victorian Britain*, 30.

school as the total number of corpses any individual source could supply. Census records show that before 1861 minimal migration took place from East Anglia and after 1861, whilst there was an absolute reduction in population, in part due to migration, the numbers involved were relatively small. King has suggested that the out-migration from Hampshire, mainly by young adults, led to a breakdown in “kinship options available to those who were already poor and marginal and thus to have forced them into greater dependency on communal relief.”³⁶ However I suggest that the low level of out-migration in East Anglia resulted in stable communities who knew and cared about the inmates of the union workhouses and strongly associated with their plight knowing that a period of unemployment, infirmity or old-age could see them reduced to the same circumstance.³⁷ It is likely under these circumstances that, despite Humphry’s assurances that corpses would be treated with respect, guardians would either be unwilling to court local displeasure or else not consider the effort of complying with all the bureaucratic requirements of the Anatomy Act worth the bother for the few corpses they may have had at their disposal each year.

On another occasion Humphry enlisted the help of the MP Henry Goulburn who in turn asked Viscount Palmerston to encourage Cursham to be more forthcoming in sending corpses to Cambridge. Cursham replied that his power for assisting Humphry “is as you know, very limited...it being entirely optional with the legal Custodians of unclaimed bodies to give them up or not, but when I know the exact state of the case – I will give

³⁶ King, *Poverty and Welfare*, 240.

³⁷ D. Coleman and J. Salt, *The British Population* (Oxford: Oxford University Press, 1992).

the matter my best attention.”³⁸ As a result of his correspondence with Cursham Humphry made a direct appeal to the Cambridge Union Board of Guardians for their unclaimed pauper corpses to be sent for dissection at the University. This was the first of many such requests he made over the following decades using the authority of the Anatomy Act to reassure guardians that corpses supplied to him would be treated with respect.

He began by noting that each board of poor law guardians had a legal duty to appoint qualified Medical Officers to administer to the poor in their district. Medical Officers would have had to study anatomy to have obtained their qualification and the only way to do so under the Anatomy Act was to have access to unclaimed paupers. To allay the guardians' fears that the corpses might be treated disrespectfully Humphry then outlined the role of the inspector of anatomy in checking the necessary certificates to ensure all regulations were complied with. Then Humphry put forward the case for sending corpses to Cambridge Medical School in particular. He emphasised the quality of the teaching available, the increase in student numbers and the subsequent increase in anatomical material required. Guardians were told that compliance with the Anatomy Act could hurt no one but that since refusal would place an obstacle in the way of medical study it would negatively impact on the whole of society including the poor whom the guardians sought to protect. Finally for each corpse sent to Cambridge the School undertook to reimburse the union for all the expenses they incurred in providing a coffin and transporting the corpse as well as all funeral expenses when the remains

³⁸ Anatomy Office Out-Letters Book, Cursham to Humphry, 28 September, 1853, MH74/10; Home Office Anatomy Entry Book, Fitzroy to Bacot, 21 September, 1853, HO83/2.

were interred in the St. Benedict's section of the Mill Road Cemetery in Cambridge.³⁹

In her recent study of the medical school in Oxford, Hurren has suggested that corpses were purchased from the local poor whenever possible, in contravention of the Anatomy Act, citing evidence in the school's petty cash book to support this claim.⁴⁰ In contrast the available records for Cambridge Medical School indicate that the only financial transactions Clark, Humphry and Macalister entered into were with workhouse officials and were made to cover the cost of preparing the corpse, its transportation to Cambridge and subsequent burial in accordance with the Anatomy Act regulations.

Humphry met with some success in persuading the Cambridge Guardians to renew their efforts to supply him with corpses, receiving seven bodies between 1871 and 1876, and Cursham congratulated him, expressing the hope that other unions would follow suit.

However Humphry was to find during his tenure as Professor of Anatomy that he had to repeatedly make appeals to persuade guardians of the poor firstly to agree to supply him and then actually to send him their unclaimed corpses.⁴¹ Humphry's experience shows that across East Anglia there remained considerable prejudice about supplying pauper corpses to Medical Schools.⁴² Whatever the reasons for their decisions Humphry found that it took a period of more than three decades for him to achieve success in obtaining the reliable support of guardians at Cambridge, Saffron Walden, Huntingdon, Royston,

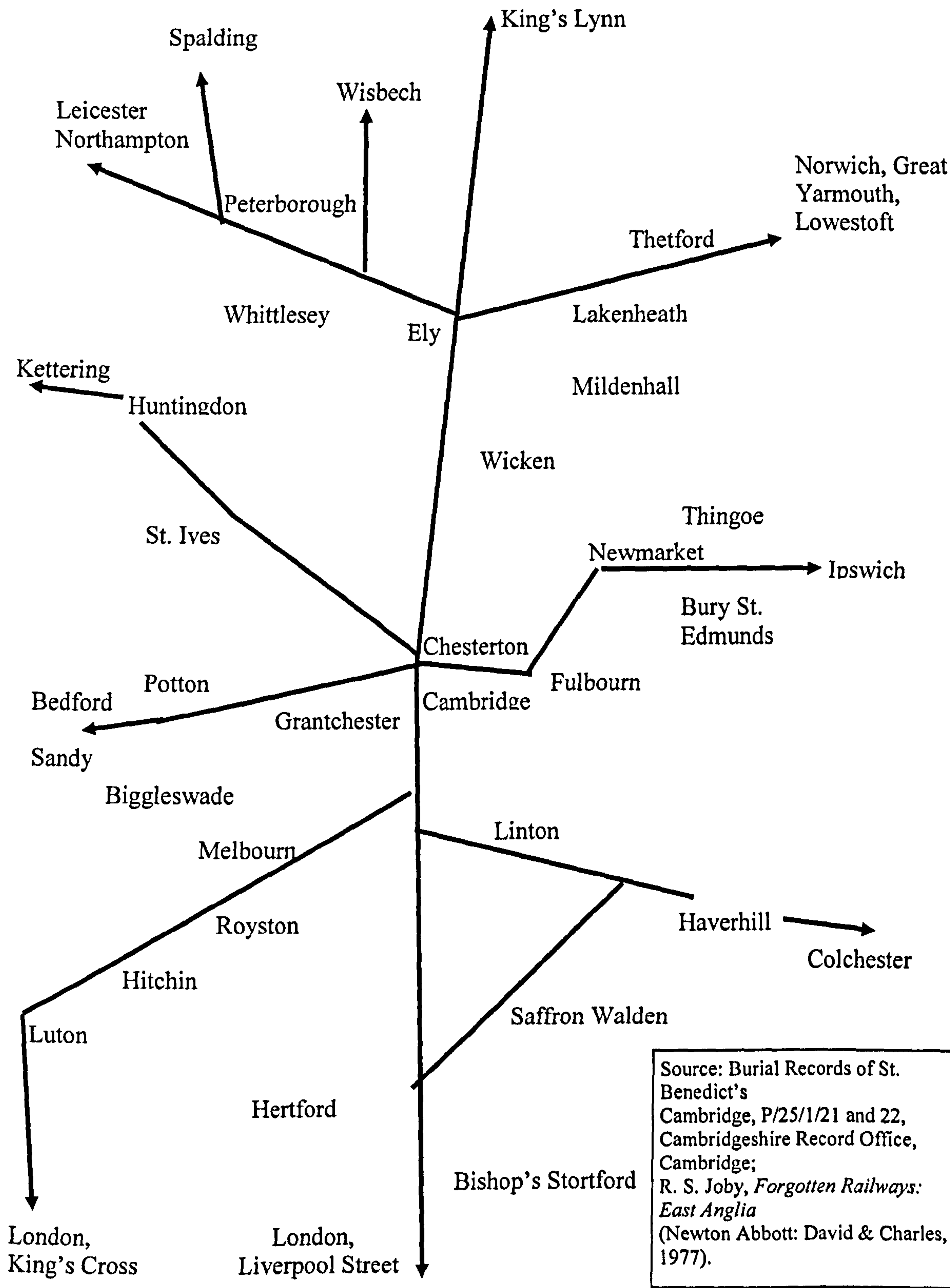
³⁹ Anatomy Office Correspondence, Paget, Humphry, Macalister to Boards of Poor Law Guardians, 1 March, 1884, MH74/36.

⁴⁰ Hurren, "Whose Body is it Anyway?" 775.

⁴¹ Anatomy Office Out-Letters Book, Cursham to Humphry, 6 December, 1855, MH74/10.

⁴² In Chapter 6 we shall look at the pressures board of guardians worked under and why they found it difficult to decide whether or not to supply anatomy schools with bodies.

Figure 5.1 Workhouse and Asylums which supplied Cambridge Medical School and their position on the railway network c. 1890



Haverhill, Wisbech, Hitchin, Newmarket, Chesterton, Biggleswade, Bedford and Peterborough workhouses, Fulbourn Asylum and Addenbrooke's Hospital. Two other sources, West Hartlepool and Hastings also occur in the records for this period but these Unions supplied just one corpse each to Cambridge, a circumstance which may be explained by the intervention of the inspector of anatomy in redirecting a surplus corpse or possibly through a personal link via one of the Anatomy School's employees with these more distant areas. It can be seen from Figure 5.1 that most of the workhouses and asylums which supplied Cambridge with corpses were located in towns served by the East Anglian railway companies.

The importance of personal contact can be illustrated by Edmund Carver, Humphry's demonstrator in Cambridge between 1865 and 1871 who also held the post of surgeon at the County Hospital in Huntingdon. During his period at Cambridge he managed to secure a regular supply of bodies from the Huntingdon Union although not entirely without difficulty. In 1868 a corpse acquired from Huntingdon was not properly documented by Carver resulting in the Master of the workhouse being contacted by Cursham for a full explanation. The Master was unhappy that he had been called upon to explain Carver's mistake having ensured that the certificates he was responsible for had been correctly filled in. He was so upset in fact that Cursham warned Humphry that the supply of corpses from Huntingdon was likely to cease.⁴³ Fortunately this did not happen and corpses from the Huntingdon workhouse continued to be supplied to Cambridge into the twentieth century.

⁴³ Anatomy Office Out-Letters Book, Cursham to Carver, 4 September, 1868, MH74/10.

Humphry asserted that until 1872 of all the contacts he made only one small rural workhouse had ever refused to assist him. Yet in the space of a few weeks he found that two large urban workhouses, Norwich and Ipswich, both refused to supply him with corpses.⁴⁴ The changes which occurred around this time in the supply of cadavers have been seen by Hurren as attributable to changes in the administration of the Poor Law.⁴⁵ The 1860s saw a 20% rise in the cost of relief across the country due to a series of trade slumps and industrial crises which increased unemployment and forced more people to seek poor relief. The Poor Law Board blamed overgenerous boards of guardians for the rise in the cost of out relief and so between 1869 and 1874 three directives were sent to poor law unions effectively making all outdoor relief illegal.⁴⁶ At the same time traditional payments to assist the poor bury their dead were severely curtailed. These two measures forced more people into the workhouses and increased the number who required a pauper burial funded by the unions. With unions being pressured to reduce their spending anatomists generally found that their offer of payment for the removal and burial of paupers met with a favourable response from a growing number of institutions.⁴⁷ Between 1870 and 1880 Humphry was able to add an additional twenty-one names to the list of workhouses willing to supply Cambridge with unclaimed corpses. However Hurren's thesis is not universally applicable. Guardians at Norwich and Ipswich resisted any pressure on them from the Poor Law Inspectorate to cut their

⁴⁴ Norwich Union Board of Guardians Minutes, 12 December, 1872, N/TC 9/3; Ipswich Union Board of Guardians Minutes, 27 December, DD1/28/2/21.

⁴⁵ Hurren, *Protesting About Pauperism*, 17 – 24.

⁴⁶ *Ibid*, 20.

⁴⁷ Hurren, "A Pauper Dead-House," 79.

costs by relieving themselves of the financial burden of paying for pauper funerals by 'selling' unclaimed corpses to Cambridge.

As we have seen Humphry's strategy was to write, with the offer of a visit, to explain to guardians the need for corpses and the benefits of supplying them to Cambridge for dissection. He began by contacting local workhouses but once he found that either they would not agree to supply him or that the number of corpses they could supply was very low he widened his search. Although Humphry had considerable success in persuading nearly thirty unions to supply Cambridge with unclaimed corpses at different times there remained a wide variation in the number and frequency of supply. Some unions such as Saffron Walden, Newmarket and Melbourn only feature in the records for two or three years, others such as Cambridge, Chesterton and Peterborough together with Addenbrooke's Hospital and Fulbourn Asylum provided corpses for decades.⁴⁸ The diversity in supply from each of these sources shows that it was not a simple matter for anatomists to obtain unclaimed corpses. They were dealing with elected boards of guardians who served for three years at a time; whenever new members joined the board or when the issues about using paupers for dissection were made public disruption could ensue. Even when guardians voted in favour of supplying Humphry they did not necessarily ever have any corpse to send to him. Over many years Humphry faced an uphill struggle in finding bodies for his expanding anatomy classes. Even forty years after the passing of the Anatomy Act and despite all his reassurances guardians were, in some cases, still reluctant to give up corpses for dissection. For a complete list of the

⁴⁸ Burial Registers of St. Benedict's, Cambridge, 1847 – 1883, P25/1/20-23. Between 1847 and 1883 Humphry acquired 152 corpses from thirty-one sources.

institutions which supplied Cambridge Medical School with corpses between 1833 and 1906 see appendix.

On 18 July 1872 the Board of Guardians in Norwich received a letter from Professor Humphry asking for their compliance in supplying corpses of unclaimed paupers who died in the Norwich workhouse.⁴⁹ The Board of Guardians had, for many years, shown exemplary conduct in their treatment of Norwich paupers. Twenty years before the 1858 Medical Act had set down the qualifications necessary for various groups of medical practitioners the Norwich Incorporation listed very detailed criterion by which they would employ medical officers. The most important of the ten clauses they agreed on was the second that stated “that no physician shall be eligible unless he shall be a Doctor or Licentiate of Medicine in some English, Scotch, Irish or Foreign University, nor any surgeon unless he shall be a Member of the Apothecary’s Company, unless he was in practice before the year 1815.” They also required their apothecary to be a LSA.⁵⁰

This decision shows that they were concerned that the paupers received good quality medical care unlike many unions who chose “the man who would accept the lowest salary, and such a man was inevitably often totally unqualified.”⁵¹ The records show that when death finally came to an inmate of the Norwich workhouse the Board did not skimp on observing the feelings of the deceased’s family and friends. At a meeting on 5 December 1857 it was agreed that paupers, buried at the expense of the union, could be

⁴⁹ Norwich Union Board of Guardians Minutes, 18 July, 1872, N/TC 3/60.

⁵⁰ Norwich Union Poor Law Committee Minutes, 2 October, 1838, N/TC 3/1, Norfolk Record Office, Norwich.

⁵¹ Rook et al, *History of Addenbrooke’s Hospital*, 7.

interred in the cemetery in a plot chosen by their relatives. Only in the absence of any such request would burial take place on the least expensive side of the cemetery.⁵²

Thus when the Board received Humphry's letter they had, for a considerable time, exhibited a caring attitude to the well-being of the paupers in their workhouse. Guardians in Norwich and Ipswich in particular, and across East Anglia in general, showed a notable difference in the way they chose to interpret poor law regulations compared, as King has noted, to "what the state *thought* should happen."⁵³ Englander suggested that there was no incentive for guardians to do more than the bare minimum to prevent paupers dying of starvation but the evidence presented here indicates that the welfare of paupers was not necessarily achieved at the lowest possible cost. Under the Reverend Copeman's chairmanship, first the Workhouse Committee considered Humphry's proposal, and then a special meeting was held where any interested guardian was invited to attend. At this second meeting Copeman explained the provisions of the Anatomy Act and outlined Humphry's request. After a thorough discussion the motion was put that it be recommended to the General Board of the Norwich Union to comply with the request from Humphry to deliver unclaimed bodies dying in the workhouse to Cambridge University for the purpose of anatomical examination. Two conditions were attached to this recommendation. Firstly, that if any person should come forward and prove to the Guardians that they were a known relative of the deceased then the authorities of the Cambridge School would be required to return the body immediately to the relatives for burial. Secondly, that a certificate of interment should be sent to the

⁵² Norwich Union Board of Guardians Minutes, 5 December, 1857, N/TC 3/5.

⁵³ King, *Poverty and Welfare*, 18.

clerk of the Board of Guardians (as well as the legally required one which was sent to the Inspector of Anatomy) so that a register could be kept of the final resting place of erstwhile Norwich paupers.⁵⁴

At the next full Board meeting it was proposed that the bodies of unclaimed paupers be sent to Humphry with the provisos listed above. The motion was carried by eleven votes to five despite strong opposition from some on the Board.⁵⁵ This decision was related to Humphry who agreed to their conditions and wrote a long and comprehensive letter in reply. His intention was to allay the fears of those Guardians who were opposed to the decision and were working to persuade the Board to rescind it. Humphry referred to Copeman who had received criticism for his part in the verdict. "I know perhaps better than anyone that in the course he has taken he has been activated simply by the high Christian desire to that which he judged to be right and to use his influence as a public man to promote the welfare of his fellow creatures."⁵⁶ He went on to outline the importance of anatomy as the cornerstone of medical education. He assured the Guardians that the knowledge gained from the study of the corpses of the poor they supplied would produce doctors better able to help the poor of Britain, even more than they helped the rich who had always had access to the best available medical care. As we have seen the Norwich Guardians had been at pains to employ only qualified practitioners from early in the century. Humphry was probably aware of this when he

⁵⁴ Norwich Union Workhouse Committee, 20 August, 1872, N/TC 3/60, Norfolk Record Office, Norwich.

⁵⁵ Norwich Union Board of Guardians Minutes, 5 September, 1872, N/TC 3/9; *Norwich Mercury*, 7 September, 1872, 6, cols., c, d.

⁵⁶ Norwich Union Board of Guardians Minutes, 19 September, 1872, N/TC 3/9; *Norwich Mercury*, 5 October, 1872, 6, col., e.

wrote, "I think you would not knowingly appoint as surgeon to your Union a gentleman who had never dissected a human body any more than you would select as guide through your City a person who had never seen it. Norwich has for generations been favoured with a series of eminent medical men who to my knowledge laid the foundation of their great success in a careful study of anatomy."⁵⁷ He was referring, in particular, to Crosse who had practised in Norwich for almost thirty-five years and to whom Humphry had been apprenticed. Humphry went on to explain the conditions laid down by the Anatomy Act for the method by which corpses were to be handled before, during and after dissection to ensure that everything was carried out with propriety and could in no way give offence. He also stated that the supply obtained under the Anatomy Act was barely sufficient to meet the requirements of the medical schools and only by the cooperation of guardians of the unions could medical education in Cambridge continue. Humphry's letter was designed to reassure the Guardians that they were supporting a decently organised system which would result in tangible benefits for all sections of society but especially for the poor who "suffer from those severe maladies and catastrophes which are the most likely to be relieved or mitigated by the knowledge derived from the study of anatomy."⁵⁸

However opposition continued, led by Guardians Spinks, Thirkettle, Dakin and Crosbie, who lobbied the other Guardians with their intention of bringing a motion to rescind the decision made on 5 September. In the meantime the Norwich Board passed further safeguards concerning the implementation of the agreement with Humphry. It was

⁵⁷ Norwich Union Board of Guardians Minutes, 19 September, 1872, N/TC 3/9.

⁵⁸ Ibid.

decided that a notice should be exhibited in the entrance hall, receiving wards and tramp wards of the workhouse explaining that although unclaimed bodies would henceforth be sent for dissection, each inmate of the workhouse could utilise a veto whereby they could request that their own body, even if unclaimed, would be buried and not sent to the anatomists.⁵⁹

It can only be imagined what consternation this notice would have caused to the inmates of the workhouse had it been displayed as intended. In the event notices were never used in the Norwich workhouse but knowledge of the Board's intention to supply corpses of the poor for anatomy did become known in the city. In the Workhouse Committee's minutes for 17 October 1872 there is a record of a letter from George Lymes. Lymes was the secretary of the Anti-Unclaimed Dead Bodies Society and he had written to the Local Government Board inquiring whether it was legal, under the Anatomy Act, for any union or public institution to have the right or power to send unclaimed dead bodies to schools of anatomy for dissection.⁶⁰ His argument would seem to be based on the ownership of the body after death. During the debate in the House of Commons, when the Anatomy Act was being formulated, it was the stated intention of Warburton that the guardians of workhouses and hospitals would have the lawful custody of the body of an inmate who had died in their establishment if it was unclaimed by relatives and therefore the legal authority to dispose of it.⁶¹ Notably, Inglis had challenged this at the time, and Lymes

⁵⁹ Richardson, *Death, Dissection and the Destitute*, 230. Leeds workhouse had exhibited such a notice since 1832.

⁶⁰ Norwich Union Workhouse Committee, 17 October, 1872, N/TC 3/9; *Norwich Mercury*, 19 October, 1872, 5, col., b. Despite an extensive search I have been unable to locate any further information about George Lymes or the Anti-Unclaimed Dead Bodies Society and would welcome any further information.

⁶¹ *Hansard*, 3d ser., 9, (1832), col. 579.

was once again attempting to stop the use of the poor in this way by questioning guardians' authority to dispose of a dead body in their care. In response to this letter the Norwich Union Guardians replied that they had no observations to make or any information to give to Lymes.⁶² However Lymes' questioning of their decision seemed to have further unsettled some of the Guardians since at their next meeting, in addition to the notices which were to be displayed, it was agreed that every inmate who was considered to be in his or her final illness would be clearly told about their choice to refuse to be dissected and given every opportunity to make such a request before two witnesses.

Since the Board had passed the motion to supply corpses to Cambridge on 5 September not a single body had been sent to Humphry. But one case that clearly fitted the criteria laid down was that of Richard Baldwin. Baldwin was an imbecile, living in the Norwich Workhouse, who died on 20 November 1872. He appeared to have no known relatives, according to the workhouse records, and so should have been sent to Cambridge.

However another inmate, John Cook, told the workhouse Master that he believed that Baldwin's father was a blacksmith working in Ber Street and that another relative, Henry Baldwin, also lived in the City. Enquiries were set in motion to try to locate these two men but without any success. Despite this Richard's corpse was buried on 23 November on the direction of a guardian who is not named in the records. This case indicates the

⁶² Norwich Union Workhouse Committee, 17 October 1872, N/TC 3/9.

reluctance of at least a section of the Norwich Board of Guardians to comply with their agreement.⁶³

During the six months of their deliberations the Union had fifty-eight deaths in the workhouse, only nine of those bodies were taken away by relatives for burial. The Union buried the other forty-nine in the Norwich Cemetery.⁶⁴ It is not to be thought that those forty-nine were necessarily devoid of friends or relatives to grieve for them. As Richardson has suggested, in many cases the families of the deceased were too poor to be able to afford to claim the body and bury it themselves. However they may have attended the burial and, as has been noted above, the Norwich guardians gave them the opportunity to express a preference as to where in the cemetery they wished their relative to be buried.⁶⁵

On 12 December Dakin proposed that the Board of the Norwich Union rescind their decision of 5 September. There is no record of the discussion which took place but the vote was nineteen for the motion and four against with five abstentions. Therefore the new motion was carried and the Norwich Union ceased to agree to supply Humphry at the Cambridge anatomical school with the bodies of their unclaimed paupers.⁶⁶

⁶³ Norwich Union Workhouse Committee, 21 November, 1872, N/TC 3/60; *Norwich Mercury*, 30 November, 1872, 7, col., a.

⁶⁴ Norwich Union Register of Deaths, 13 September to 13 December, 1872, N/GP 1/79, Norfolk Record Office, Norwich.

⁶⁵ Richardson, *Death, Dissection and the Destitute*, 126.

⁶⁶ Norwich Union Workhouse Committee, 12 December, 1872, N/TC 3/9; *Norwich Mercury*, 14 December, 1872, 4, col., g; *Ibid*, 5, cols., a, b.

Norwich was not the only union to have a sudden change of heart about supplying the school. Within two days of the decision by the Norwich Board a letter from Humphry was read out at a meeting of the Board of Guardians of the Ipswich Union. Again he asked them to supply their unclaimed corpses for use at the Cambridge Medical School. Humphry claimed in his letter that all unions within a twenty mile radius of Cambridge had been supplying bodies for many years and that they had recently been joined, amongst others, by Norwich. After providing reassurances over the transportation and interment of the bodies he claimed that his application for corpses had only ever been refused on one occasion “and that was many years ago by a small union house in the fen district.”⁶⁷ It would seem that Humphry had not, at the time of writing this letter, received word from Norwich about their refusal to supply him with corpses. The Ipswich Board agreed unanimously to Humphry’s request and the Master was informed of what he was required to do under the Anatomy Act when an unclaimed corpse next became available.⁶⁸ However two weeks later the resolution was rescinded and Humphry was informed that Ipswich would not be supplying any of their unclaimed corpses for anatomical purposes.⁶⁹ This rapid change of mind was instigated by Mr. Anness, a pharmaceutical chemist, who at the first meeting had voted for the motion. Doubts over the wisdom of the Board’s decision had begun almost immediately after the vote when in response to reports in the local newspapers it became clear that their actions were not popular with the inhabitants of Ipswich.⁷⁰

⁶⁷ Ipswich Union Board of Guardians Minutes, 13 December, 1872, DD1/28/2/21.

⁶⁸ Ibid.

⁶⁹ Ibid, 27 December, 1872, DD1/28/2/21.

⁷⁰ *Harrod's Directory: Suffolk and Cambridgeshire 1873*, Suffolk Record Office, Ipswich. The occupations of the guardians included two surgeons, a physician, a pharmaceutical chemist, an architect,

The Chairman, Thomas D'Eye Burroughes who had been absent at the earlier meeting, stated that it would appear that Ipswich workhouse would only be likely to have one or two bodies a year which would fulfil the requirements of the Anatomy Act and so be suitable to be sent to Humphry. He thought that "so few bodies are not worth the bad press in doing it," the proposal "did not sound well" and had "rather an ugly look."⁷¹ Other objections included, "it would create a feeling of injury in the minds of the poor", it "seemed worse to send away bodies of the friendless than those who had friends," and "it was the bounden duty of the Guardians to take care of [the poor]."⁷² At the vote the Board was evenly divided and the Chairman used his deciding vote in favour of not supplying Humphry with unclaimed corpses.

Interruptions in the Supply of Cadavers

It has been seen through analysis of the Anatomy Office records that, due to the permissive nature of the Anatomy Act, any source of corpses could be terminated if the acquisition and distribution of them was not handled in a discreet and respectful manner. One of the reasons Inspector Cursham would not send corpses from London to Humphry was that he was concerned that the relatives of the deceased might, at some future time, enquire where the burial had taken place. If it were found that the body was not interred within the parish where the death had taken place but rather in Cambridge, too far away

pawnbroker, clothier, furniture dealer, rate collector and the proprietor of a servant's employment agency, all business men who relied on the public's goodwill.

⁷¹ Ipswich Union Board of Guardians Minutes, 21 December, 1872, DD1/28/2/21.

⁷² Ipswich Union Board of Guardians Minute, 28 December, 1872, DD1/28/2/21; See Buklijas, "Cultures of Death," 592, for a comparison with how pauper corpses were viewed in Vienna.

for the family to visit, then Cursham believed that “it could not fail to lead to some unpleasant consequence.” To support his argument he quoted a case where a body was sent from Wolverhampton workhouse to the medical school in Birmingham and the remains were buried in the City. Shortly afterwards relatives of the dead man enquired at the workhouse about where he was buried and upon finding out he was interred in Birmingham caused “a great disturbance”. They appealed to the Poor Law Inspector and the result was that the Board of Guardians in Wolverhampton rescinded their resolution to allow bodies to be used for anatomical examination thus depriving the medical school in Birmingham of a valuable source of material.⁷³

Further problems could arise due to inadequate administrative control. When Humphry first informed Cursham that he had managed to get the Cambridge workhouse Board of Guardians to give up their unclaimed bodies he was instructed that he must be sure that the order for the removal of the corpses was signed by the Master of the workhouse and sent to him. When the body was delivered to the school Humphry should have received the medical certificate of cause of death, he would then be required to complete another form and send them all to the inspector. Once the dissection had taken place yet another form had to be completed and sent to the Anatomy Office. So much form filling was alien to most people outside government offices and there are many recorded instances when anatomists were reprimanded for failure to comply with the requirements.⁷⁴ As seen with the incident of Carver and the Huntingdon Union mistakes with paperwork

⁷³ Anatomy Office Out-Letters Book, Cursham to Humphry, 15 April, 1861, MH74/10.

⁷⁴ Anatomy Office Out-Letters Book, Ewbank to Humphry, 9 May, 1851; Cursham to Helen, 28 October, 1863; Cursham to E Carver, 4 September, 1868, all MH 74/10; Anatomy Office Correspondence, Memorandum from Whitehall to Inspectors of Anatomy, 17 February, 1858, MH 74/36.

had the potential to close off a source of supply. Under the provisions of the Anatomy Act it was considered a misdemeanour, punishable by a three months prison term or a fine of up to £50, not to provide all necessary certificates by their due date.⁷⁵ Despite numerous reminders from the inspectors there is no evidence that they ever invoked these powers and prosecuted an anatomist for failing to send in certificates on time.

George Humphry and the Development of the Cambridge School

Humphry's struggles from the 1840s to the 1880s to obtain sufficient cadavers were driven by three main factors; the changing patterns of medical education imposed by legislation, the development of the curriculum at Cambridge under the aegis of some outstanding teachers and the increase in student numbers, particularly after 1870, due in part to the improved clinical facilities offered at Addenbrooke's Hospital allowing students to complete their training in Cambridge. The general growth in the number of men training for the profession in Cambridge was a phenomenon seen nationwide as students moved away from attending the relatively expensive London medical schools to study in the provinces.⁷⁶

Legislation to standardise medical education had begun with the Apothecaries' Act (1815) and was followed, after much debate, by the 1858 Medical Act. The result of these measures was to encourage individual students to participate in practical anatomy

⁷⁵ An Act for regulating Schools of Anatomy, 1832, 893 – 894.

⁷⁶ See Chapter 4 for a discussion of the rise of provincial medical schools and a detailed analysis of the effects of legislation on nineteenth century medical education.

classes. Observation of dissection or group work gave way to hands on experience which necessitated the provision of a greater number of corpses for anatomy schools. In Cambridge by the end of the 1850s an average of four students a year were studying comparative anatomy, human anatomy and physiology, pathology, the practice of medicine, chemistry, botany, *materia medica*, surgery and attending clinical lectures in medicine and surgery.⁷⁷ Ten years later over forty students were registered and by the 1890s an average of one hundred students began their studies each year at Cambridge medical school.⁷⁸ It was this significant rise in student numbers which motivated Humphry's constant search for sources of corpses. The Cambridge school had been able to cope with just a few corpses during the 1850s and 1860s because their numbers of students were small, although as we have seen this did not deter Humphry from making strenuous efforts to seek a large supply of material for the students he had. As the number of students began to increase year on year so did the need to acquire a larger supply of anatomical material.

Weatherall has suggested that the 1858 Medical Act did not immediately alter the way medicine was taught at Cambridge but it did provide a watershed in the history of the medical school.⁷⁹ Until then almost all medical graduates had practiced as physicians. The thorough grounding in the classics required by the University before allowing students to start their medical studies provided a sound basis for their chosen career. Over the next twenty years however both the medical curriculum and the employment

⁷⁷ House of Commons, "Returns from Cambridge University," *Sessional Papers*, 1856, 364.

⁷⁸ Weatherall, *Gentlemen, Scientists and Doctors*, 110, 211.

⁷⁹ *Ibid*, 239.

opportunities for medical practitioners expanded to provide students with ever greater choice so that of the forty-two students registered in 1873 only eight of them became physicians, and for the first time a greater number entered medicine as either surgeons or general practitioners.⁸⁰

From the 1860s the GMC wanted medical training to be divided into two separate stages; pre-clinical work which included dissection and the study of science and then a period of clinical training based in a teaching hospital. These recommendations were accepted but not without creating problems for provincial medical schools. The additional laboratory space needed required both more money and the ability of the teaching staff to organise their use. Some schools were unable to adapt and were forced to close but Humphry was up to the task of reorganisation.⁸¹ Until 1860 he had been both lecturer and demonstrator of anatomy but due to the increased work load brought about by his insistence that all medical students would henceforth perform individual dissections he appointed George Helm as his first demonstrator. This allowed Humphry some time to restructure his anatomy course so that students began with studying the skeleton and then progressed in an orderly manner through the parts of the body under the close supervision of Helm who tested them frequently on the parts they were dissecting. This system was not unique to Humphry but it was the first time such an organised method of instruction had been applied to the study of anatomy at Cambridge. As facilities expanded in the 1870s three further demonstrators took charge of practical

⁸⁰ Ibid.

⁸¹ Butler, "Transformation in Training," 119. Both Nottingham and Hull medical schools closed due to the pressure to supply laboratory facilities at this time.

anatomy classes including Carver whose role in sourcing corpses has been examined above. In 1871 Humphry obtained recognition from the RCSE for the teaching of anatomy and surgery at Cambridge putting the University on a par with London medical schools and removing the necessity for students to spend part of their time studying in the Metropolis.⁸² The following year James Paget at St. Bartholomew's Hospital was complimentary about Cambridge Medical School saying that "students would have the advantage of mingling with the best born, the best bred, and the best mannered men of their time."⁸³

It is usual for medical historians to see the 1870s as a period of growth for medical schools with increasing student numbers, a wider curriculum on offer and a nationally recognised improvement in the quality of teaching.⁸⁴ These factors cannot be denied but they do obscure the difficulties which still beset Humphry in his efforts to support improvements by ensuring enough cadavers for students who chose to study at Cambridge as opposed to a London school. Until the 1860s the number of medical students at Cambridge had remained small, less than ten a year and the number of corpses available was correspondingly small leading to a ratio of four students to each corpse. This was not enough to satisfy Humphry's aim of allowing each student to dissect all the parts of the human body individually. Beginning in 1870 the number of students rose rapidly with an average intake of around forty students a year, and

⁸² Rook et al, *History of Addenbrooke's Hospital*, 117.

⁸³ Weatherall, *Gentlemen, Scientists and Doctors*, 251.

⁸⁴ Bonner, *Becoming a Physician*, 252 - 262; Hurren, "A Pauper Dead-House," 69 - 94; Rook et al, *History of Addenbrooke's Hospital*, 117. For a detailed account of provincial medical education in the north of England see Butler, "Transformation in Training," 115 - 132.

although the number of corpses also rose from 1873 onwards the average ratio remained at 4:1. With a student intake of over eighty students a year by 1880 Cambridge's growing reputation once again came under threat from a fall in the number of corpses that could be sourced.⁸⁵

However Humphry was able to use the rise in student numbers studying medicine to gain increased funding from the University for the Anatomy Department. There had been a time when human anatomy was in danger of being overshadowed by the new scientific disciplines but since over half the students who took the scientific courses were medical students who would not choose to study at Cambridge if human anatomy were no longer available he was able to ensure it remained a central area of study. In his Presidential Address to the British Medical Association in 1880 he spoke of the new laboratories and dissecting-rooms and the expanded staff of professors and demonstrators which facilitated the better teaching of anatomy and the sciences. He went on to say that,

A fully complete curriculum Cambridge does not profess: but a sound scientific and practical teaching in the first two stages of medical education – in physics and chemistry; in anatomy and physiology, vegetable, comparative, and human – and a careful clinical training at the hospital

⁸⁵ Two sources have been used in compiling the figures used in this section. Returns from Cambridge Medical School to the Anatomy Office, MH 74/10 and MH 76/36, National Archives, London and the Burial Records of St. Benedict's, Cambridge, P/25/1/20 – 23. The use of these sources presents some difficulty in giving a complete and authoritative record of available corpses and numbers given by various historians differ. However there is a consensus on the overall pattern of supply even where specific numbers vary.

associated with pathology and therapeutics, are quite within our scope: and, I trust, will continue to be carried on with yearly increasing efficiency to a yearly increasing number of students.⁸⁶

Alexander Macalister and the 'Golden Age' of the Cambridge Medical School

In 1883 Humphry gave up his Professorship of Anatomy to concentrate on the newly created post of Professor of Surgery.⁸⁷ He stated that the anatomical class had become so large that it required the full-time attention of a professor and needed someone younger and more energetic than himself. When Alexander Macalister was appointed as Professor of Anatomy his arrival from Dublin coincided with a marked drop in the number of corpses received by the school. He also found that despite Humphry's praise for the improving physical conditions of the University in the 1880s the dissecting-room was too small for the number of students and until a new building was provided in 1891 he was expected to teach in,

A deal-lined shanty with corrugated top, with three cracked old stoves, the row of basins, the tallowy soap, and o'er-hanging taps, flanked by the clammy towels; the coloured diagrams...that high tier of windows and the skylights that gave copious access to the draughty air... and then the stands whereon are laid the dishevelled remains of our unpreened and ungarnished humanity.⁸⁸

⁸⁶ "Dr Humphry's Presidential Address to the British Medical Association," *Lancet* 116 (1880):245.

⁸⁷ Rolleston, *Cambridge Medical School*, 179.

⁸⁸ Weatherall, *Gentlemen, Scientists and Doctors*, 216.

Macalister had to address these difficulties. His strategy was to continue to build on the medical school's success by attracting more students to study medicine at Cambridge. Once he had increased the strength of the medical school Macalister believed he would be able to make representations to the Senate for increased funding to provide the scale of accommodation he felt appropriate for "one of the largest [medical schools] in the United Kingdom" offering "one of the highest professional qualifications."⁸⁹ To do this it was imperative that he stabilised the supply routes of corpses that Humphry had established and to further expand the number of poor law unions willing to supply Cambridge. To achieve his aims Macalister continued with the methods Humphry had successfully employed and added to them by seeking help from any quarter he could including his colleagues and Cambridge graduates, many of whom worked in provincial hospitals or became poor law medical officers once they had completed their studies. He was also determined that all the material he acquired would be used to the full. Instead of aiming for whole body dissection he decided that all corpses would be dismembered to create a wider range of teaching materials.⁹⁰ He realised that this could lead to difficulties over reassembling body parts for burial and so he instigated a rigorous registration and labelling system.

Macalister began his campaign by writing a general letter to all boards of guardians whom he thought might be able to supply Cambridge Medical School. It contained the usual arguments about the necessity for a thorough medical education to allow competent practitioners to minister to all classes of society, the respect shown to the

⁸⁹ Rook et al, *History of Addenbrooke's Hospital*, 119.

⁹⁰ Hurren, "A Pauper Dead-House," 75.

corpses during their time at the medical school and the decency of their burial.

Cambridge Medical School was situated in the Parish of St. Benedict's but, like many urban churches, its churchyard was full and so it had been allocated a section of the Mill Road Cemetery in which to bury the dead of the parish. St. Benedict's burial records list the abode of each of the individuals interred in its section of the cemetery. Whilst it is not possible to ascertain which of the individuals recorded as being resident in the Cambridge workhouse were given a pauper funeral or which were sent for dissection at the medical school due to the lack of recorded information in the archives it is possible to obtain a minimum number of corpses which passed through the school.⁹¹ Where the place of abode is given as for example being the "workhouse Hull, Colney Hatch or Union House Wisbech" it may be assumed that these individuals had been sent to Macalister for dissection before being buried in the Mill Road Cemetery, usually at night with up to six coffins being placed in each pauper grave. Between 1881 and 1906 over one thousand bodies were buried in this way. Although, as has been seen, the supply of corpses could be erratic this figure indicates an average of over forty corpses a year passing through Cambridge's dissection rooms from sources outside the immediate area of Cambridge. It is also known that the Cambridge Union Board of Guardians were compliant in providing the corpses of unclaimed paupers as were the administrators of Addenbrooke's Hospital, even if the numbers from these two sources cannot be quantified. In addition to maintaining a supply of corpses from nineteen of the sources which Humphry had established Macalister was able to add another twenty-eight thereby

⁹¹ Richardson has defined 'unclaimed' as being either emotive or economic, for further discussion of these terms see Chapter 2. Pauper burials will be considered in Chapter 6.

having almost fifty institutions sending anatomical material to Cambridge (see appendix for a full list of sources supplying Cambridge).

In her work on Cambridge Hurren has shown that the ratio of male to female corpses was 3:1 and that the majority of the subjects were over fifty years old at time of their death.⁹² This is not unexpected since the primary source of cadavers was workhouses whose population tended to be mostly the elderly and infirm.⁹³ However it does point to the fact that Macalister, whose research interest was the study of infant abnormalities, must have been acquiring some of his material from another source. It seems most likely that he received his foetal and infant corpses from Addenbrooke's Hospital. This material does not appear in St. Benedict's records since the burials of these corpses took place in three adjacent sections of Mill Road Cemetery belonging to other parishes. Almost all of these burials were performed by the Reverend Lang who was senior tutor at Corpus Christi College and therefore ensured that these highly sensitive funerals were conducted with the utmost circumspection.⁹⁴

In his quest for cadavers Macalister soon found that he faced all the familiar problems of his predecessors. As has been seen the slightest problem could result in a source of corpses being cut off completely. This happened in 1886 only one year after the Spalding Union had first agreed to supply corpses. In that year Thomas Bryan, a pauper, died in the Union's infirmary and as no relatives claimed the body it was despatched to

⁹² Hurren, "A Pauper Dead-House," 84.

⁹³ Kidd, *State, Society and the Poor*, 37.

⁹⁴ Hurren, "A Pauper Dead-House," 86.

Cambridge Medical School and the Union was paid a fee of £1 10s to cover their costs.

Then some relatives of Bryan came forward and demanded the body back for burial.

Although the corpse had not been dissected and was returned by the Anatomy School as requested the publicity surrounding this case resulted in public feeling turning strongly against the practice of sending corpses for dissection and the *Guardians* informed Macalister that they could no longer supply him with bodies.⁹⁵

Despite such occasional setbacks Macalister's efforts did meet with success during the early 1890s. Student numbers had risen from just under one hundred in 1883 to 128 in 1886 and 161 by 1891. In 1894 the *Lancet* congratulated Cambridge University on heading the list of English medical schools for the number of students they had registered to study medicine.⁹⁶ Between 1883 and 1895 Macalister had a particularly successful time in his 'body drive' campaign. Yet despite his assurances to boards of guardians that everything pertaining to the use of pauper corpses was well regulated, Inspector Birkett admonished the anatomists at Cambridge on numerous occasions for irregularities over paperwork. On one occasion he drew their notice to clause twelve of the Anatomy Act because he had not been notified about the arrival of a body until seventeen days after receipt; the law required he was informed within forty-eight hours. On another occasion Macalister had failed to send notice of burial for David Bower, he replied that "I remember sending a batch of certificates to you the other day which had been mislaid in a drawer under some other papers and I think this of Bowers must have

⁹⁵ Weatherall, *Gentlemen, Scientists and Doctors*, 217.

⁹⁶ *Ibid*, 178; Rolleston, *Cambridge Medical School*, 28.

been among them.”⁹⁷ Difficulties over returns were not always down to the receiving school. When Birkett again complained that he had not been informed in time about the removal of a corpse Macalister explained the trouble he sometimes had in getting the necessary forms filled in. “It is a type of the difficulty which I have in the case of bodies from the smaller unions in which I have often to send back the forms to get them properly filled up. It is not always easy when one has to deal with twenty-three unions and other institutions scattered over a large area to get the papers returned to me in proper form up to time.” He finished this letter to Birkett with the observation that “Subjects have been terribly scarce this year.”⁹⁸

The following year a new Inspector of Anatomy was appointed for the provinces and Macalister lost no time in appealing to him for advice as to how he could increase the number of corpses sent to Cambridge:

We have very many difficulties in carrying on a school of anatomy in a town with a small population in a thinly peopled centre, but we draw our subject supply from many and distant sources...Last year our supply was adequate, but this year it is insufficient and I am about to appeal to a number of other towns to help us.⁹⁹

⁹⁷ Anatomy Office Out-Letters Book, Gregg to Douty, 16 April, 1889 and Sullivan to Macalister, 1 May, 1891, MH 74/11.

⁹⁸ Anatomy Office Out-Letters Book, Macalister to Birkett, 14 December, 1894, MH 74/11.

⁹⁹ Anatomy Office Out-Letters Book, Macalister to Pickering Pick, 9 October, 1896, MH 74/11.

Macalister referred in his letter to the sentimental objection to providing bodies for dissection of East Anglian townsfolk's but that did not stop him from making an appeal to the Norwich Union the following month. On 25 November 1896 the Chairman of the Norwich Union Board of Guardians read out a letter from Macalister in which he made the request that the unclaimed bodies of paupers dying in their workhouse be sent to the Medical School of Cambridge University in conformity with the provisions of the Anatomy Act. He offered to attend personally to explain how the provisions of the Act were carried out at Cambridge to allay any disquiet the Guardians may have had in complying with his request. In the debate which followed the Chairman observed that in such a matter sympathy and common sense ran counter to each other and whilst it was necessary that medical students should have access to human cadavers it was not necessarily true that those who died in the workhouse were without friends. Canon Duckett, one of the Guardians, said that he considered the Guardians as the friends of all the poor in the workhouse, a sentiment which was well received by the rest of the Board. Even if the Board did acquiesce to Macalister's request it was stated that there had only been twelve unclaimed bodies from the workhouse in the previous twelve years, a number so small as to be of no consequence to the Union as regards the cost of their funerals. It was decided to pass the decision over to the Workhouse Committee who unanimously voted not to accede to Macalister's request. For the second time the Norwich Board of Guardians showed that their consideration for the poor in their care outweighed the good they may have done to the practice of medicine by supplying unclaimed corpses for dissection.¹⁰⁰

¹⁰⁰ Norwich Union Board of Guardians Minutes, 25 November, 1896, N/TC 3/13, N/TC 3/65; *Norwich*

The Norwich Board reached their decision quickly but how typical were they of guardians across Norfolk and Suffolk? There were forty poor law unions in these two counties in the final quarter of the nineteenth century and the Cambridge anatomy department received unclaimed corpses from just ten of them. Of the 25% of workhouses situated in East Anglia which supplied corpses it can be seen in Table 5.1 that many only ever sent one subject. The reasons for this may have been either that the

Table 5.1 Norfolk and Suffolk Workhouses which supplied corpses for Cambridge Medical School

Workhouse	Dates corpses were supplied	Number of corpse supplied
Newmarket	1875 - 1878	total not available
Norwich	1878	1
Bury St. Edmunds	1880	1
Great Yarmouth	1881 - 1901	29
King's Lynn	1882	1
Thingoe	1883	1
Thetford	1883 - 1888	4
Lakenheath	1885 - 1892	7
Kessingland	1890	1
Mildenhall	1892 - 1919	24

Source: Burial Registers of St. Benedict's, Cambridge, 1881 – 1921, P25/1/22-23.

Mercury, 28 November, 1896, 3, col., a.

board of guardians changed their decision due to a change in membership or as a result of local pressure, as seen in Ipswich in 1872, or that in small rural unions so few unclaimed corpses ever became available that the guardians did not feel an economic imperative to 'sell' their paupers in order to save the cost of a funeral. Only Great Yarmouth and Mildenhall stand out as being a useful source of cadavers for Cambridge. Twenty-nine corpses were made available from Great Yarmouth workhouse between 1881 and 1901 without the knowledge of the Guardians (see Chapter 6 for a detailed account of this 'scandal'). However lack of evidence makes it impossible to ascertain why Mildenhall workhouse was a good source of corpses for Cambridge. With an average of around one corpse a year, a similar number which, for example Ipswich and Norwich workhouses expected to have, it would seem that Mildenhall sent *all* its unclaimed corpses for dissection to the Cambridge Medical School.

Despite his successful attempts at obtaining corpses in some years, the periodic shortages of anatomical material in others affected Macalister deeply and at times he became pessimistic about the future of anatomy at Cambridge. He had sought corpses from "Southampton and Brighton in the South, to Huddersfield and Hull in the North, from Yarmouth and Norwich on the one side to Kidderminster and Wolverhampton on the other" and still he never seemed to have enough material to adequately resource the anatomy classes.¹⁰¹

¹⁰¹ Weatherall, *Gentlemen, Scientists and Doctors*, 218.

Having failed to obtain the response he had hoped for from workhouse guardians across the country Macalister was advised in correspondence from Inspector Pickering Pick, to try appealing to lunatic asylums for unclaimed corpses. Mirroring the advice given to Humphry and Macalister in the past about seeking a supply of corpses from workhouses this was another suggestion from the inspectorate for a local arrangement to be set up to try to ease their supply problem. Macalister suggested to the Cambridgeshire Asylum Guardians that if a corpse was not claimed within four days after death then it should be sent to the medical school at Cambridge “decently and without the cognizance of any one beyond the officials of the Institution” so that local feeling could not be offended.¹⁰² The Inspector approved of this arrangement and wrote to other asylums in East Anglia in support of Macalister’s requests for a similar agreement with them. In his quarterly report Pickering Pick recorded that:

Two other asylums, Colney Hatch and the Three Counties Asylum forward the unclaimed bodies of those lunatics dying in the Institution to the Anatomy School of Cambridge University and that no difficulty has ever arisen nor, as far as I am aware, any local feeling offended. I may further add that there are a large number of anatomy students at the Cambridge University and the supply of subjects for that purpose is quite inadequate for their requirements.¹⁰³

¹⁰² Anatomy Office Out-Letter Book, Macalister to Cambridgeshire Asylum, February, 1899, MH74/11.

¹⁰³ Ibid.

Table 5.2 Asylums supplying Cambridge Medical School with corpses 1871 to 1922

Institution	Date of first recorded supply	Date of last recorded supply
Fulbourn Asylum	1871	ongoing
Finchley Asylum	1877	1893
Colney Hatch Asylum	1891	ongoing
Three Counties Asylum, Stotfold	1893	ongoing
Cave Hill Asylum, Coulsdon	1900	1900
Frien Barnet Asylum	1900	1900
London County Asylum	1900	ongoing
East Sussex County Asylum	1907	ongoing
Hampshire County Asylum	1907	ongoing
Northampton County Asylum	1907	ongoing
Norfolk County Asylum, Thorpe St. Andrew, Norwich	1907	ongoing
Severalls Mental Hospital, Colchester	1907	ongoing
Suffolk District Asylum, Melton	1907	ongoing

Source: Burial Registers of St. Benedict's, Cambridge, 1871 to 1922, CRO P/25/1/21, 22, 23.

In 1900 Cambridge received corpses from six lunatic asylums and by 1910 twelve were sending their unclaimed inmates to the Medical School. This rise in the use of lunatic corpses as the number of available pauper corpses declined fits with data presented by Richardson. Her research shows that in London in 1882 there were 557 corpses sourced from workhouses and none from asylums but by 1913 the figures were 147 and 125

respectively. This was a trend which continued so that by the mid-twentieth century the major source of anatomical material for use in medical education had shifted from the poor to the insane.¹⁰⁴

Although, as has been shown, the staff at Cambridge Medical School were generally expected to find local solutions to their supply problems occasionally provincial schools of anatomy were given direct help in obtaining corpses by the inspectors of anatomy. During the 1899 – 1900 dissecting season the anatomy inspectorate in London found that it had a surplus of bodies to distribute. Schools in London were advised to bury their worst specimens and keep the newer ones. Unions were even asked to cease supplying corpses for a while as ten out of twelve London schools stopped receiving bodies at all. Aware that Cambridge (and Oxford) required additional subjects Pickering Pick arranged for some of the surplus to be sent to Macalister for a cost of between £2 and £3 10s each. Eighteen bodies were supplied to Cambridge during the 1900 - 1901 session in this manner.¹⁰⁵ It was made clear that the arrangement could only be considered temporary until such time as the London schools required material again. With the agreement of the inspectors of anatomy for London and the provinces the plan was that the designated undertaker for London, Hogg, would remove unclaimed corpses and take them to Liverpool Street Station. Once it was known which train they would be carried on he would then wire the Cambridge undertaker, "Meet x train, Hogg." This brief

¹⁰⁴ Richardson, *Death, Dissection and the Destitute*, notes 112, 369. Also see Roy Porter, *Mind-forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone, 1987); idem, *Madmen: a Social History of Mad-Houses, Mad-Doctors, and Lunatics* (Stroud: Tempus, 2001).

¹⁰⁵ Anatomy Office Correspondence, 20 July, 1899, MH74/37.

message was to prevent any undue publicity and to ensure that the undertaker was at the station to meet the train and remove the coffin as soon as it arrived.¹⁰⁶ This arrangement coincided with an increase in the length of time a corpse could be retained for examination from nine months to one year and so until 1903 Macalister was relieved from what had been a continual search for corpses and he could turn his attention to seeking funding to improve the facilities in which his students were taught.

By 1903 there was once again a general shortage of corpses for dissection across Britain and the arrangement which Macalister had enjoyed came to an end as the London schools required all the material sourced in the capital. The shortage was seen as being a serious and permanent one mainly caused by “the reluctance and unwillingness on the part of popularly elected boards to give up bodies for anatomical examination.”¹⁰⁷ Teachers of anatomy wanted a change in the legislation to compel poor law guardians to supply unclaimed corpses but the Home Secretary was unprepared to support any move which would make the issues surrounding the use of paupers for dissection public and a debate in the Houses of Parliament would most certainly have done that.¹⁰⁸ Macalister complained to Pickering Pick that he had just twenty-eight subjects between 218 students, a ratio of 1:7.7 whilst the national average for provincial schools that year was 1:4.3. Cambridge had 30% of the medical students but received only 16.6% of the available corpses whereas Manchester, with the best dissecting ratio, received 34.5% of corpses whilst having just 18% of the students studying at provincial medical schools.

¹⁰⁶ Anatomy Office Correspondence, Clarke to Macalister, 26 April, 1900, MH74/37.

¹⁰⁷ Anatomy Office Correspondence, March 1903, MH74/37.

¹⁰⁸ Anatomy Office Correspondence, Parsons to the Home Secretary, 10 March, 1904 and Chalmers to Bennett, 27 May, 1904, MH74/37.

Table 5.3 Returns of the number of subjects and students at provincial schools of anatomy during the winter session 1903 – 1904

School	Number of corpses	Number of students	corpse : students
Birmingham	14	67	1 : 4.7
Bristol	2	34	1 : 17
Cambridge	28	218	1 : 7.7
Cardiff	5	28	1 : 5.6
Leeds	11	44	1 : 4
Liverpool	16	72	1 : 4.5
Manchester	58	133	1 : 2.3
Newcastle	28	76	1 : 2.7
Oxford	4	45	1 : 11.2
Sheffield	2	12	1 : 6
	Total 168	Total 729	National average 1 : 4.3

Source: Anatomy Office Returns, 1903 - 1904, MH74/38.

In 1903 Macalister was asked to provide the Inspector with information on the sources of supply for Cambridge. He broke his reply down into four categories:

A = Good Sources: Bedford, Biggleswade, Brighton, Cambridge, Doncaster, Hitchin, Hull, Luton, Royston, Yarmouth and Whittlesea.

B = Poor Sources: Colchester, Strood (Rochester) and Wellingborough.

C = Closed Sources where guardians refuse to send corpses: Derby, Ipswich, Leicester, Northampton, Norwich, Nottingham, Portsmouth and Southampton.

D = Asylums, Good Sources: Colney Hatch, Fulbourn and Three Counties Asylum.

Asylums, Occasional Sources: Berry Wood (Nottingham), Haywoods Heath, Bexley

Heath and Claybury.¹⁰⁹

This list indicates both the scope of Macalister's body drives and his increased use of corpses from asylums as the supply from workhouses became more restricted. Following a routine inspection of all provincial anatomy schools Pickering Pick was able to arrange for the Manchester workhouse Board of Guardians to supply surplus unclaimed corpses to Cambridge, having first ascertained that Owens College, Manchester did not require them. MacDonald, Clerk to the Manchester Board told Pickering Pick that "the arrangement is subject to the authorities undertaking that in each case the whole body shall be buried in one grave and that a certificate of the burial shall be forwarded in due course to the workhouse."¹¹⁰ Thirteen bodies arrived in Cambridge under this agreement, but then the anatomy school refused to take any more because at £10 each they considered the cost was too high. Much of this cost was expended in transporting corpses by railway at a fee of 1s per mile, an amount the Great Eastern Railway Company stated in 1905 that was impossible to reduce any further.¹¹¹ Cambridge had

¹⁰⁹ Anatomy Office Correspondence, Macalister to Pickering Pick, June 1905, MH74/38.

¹¹⁰ Anatomy Office Out-Letters Book, MacDonald to Pickering Pick, 31 March, 1905, MH74/11.

¹¹¹ Unknown newspaper cutting, 6 September, 1905, MH74/38, National Archive, London.

I would like to thank Tim Procter of the National Railway Museum, York for his help in providing information on the railway companies operating in East Anglia during the period covered by this thesis.

benefited from its position at the centre of an extensive rail network which linked it to all parts of East Anglia and beyond. For example it had a direct route to Doncaster and Hull by the 1890s, both areas of above average mortality and considered good sources of supply by Macalister. Without the expansion of the railways Macalister's difficult task in obtaining as many corpses as he did during the golden age of Cambridge Medical School would have been even harder than it was, so difficult that it is likely that the school would never have achieved the status which it did (see Figure 5.1).¹¹²

Conclusion

In asking the question did the Anatomy Act work for Cambridge Medical School the answer has to be yes, but not in the way originally intended. The Anatomy Act established an inspectorate which, amongst other duties outlined in Chapter 3, was to oversee the distribution of unclaimed corpses to medical schools in proportion to the number of students enrolled at each school. However successive inspectors of anatomy for the provinces failed to send a regular supply of dissection material to Cambridge, indeed the corpses they directed to the medical school were barely adequate to allow demonstrations to take place. The legislation alone failed Cambridge, the legal supply of corpses it seemed to promise did not arrive as a matter of course and without the intervention of the professors of anatomy it seems likely that the medical school at Cambridge would, in common with Oxford University Medical School, have failed to

¹¹² R. S. Joby, *Forgotten Railway: East Anglia* (Newton Abbott, David and Charles, 1977); Hurren, "A Pauper Dead-House", 90 – 92.

flourish.¹¹³ However the story of the Cambridge School suggests that professors used the regulations set out in the Anatomy Act to ensure its success for themselves.

The Anatomy Act stipulated that guardians of the poor were legally permitted to make unclaimed corpses available to licensed practitioners and that such practitioners were allowed to use the corpses for anatomical purposes.¹¹⁴ It is clear that Humphry and Macalister made use of these regulations to directly approach boards of guardians to obtain human cadavers. They used the Anatomy Act to reassure guardians that the supply and use of unclaimed corpses was legal and fully regulated by a system of certification which was designed to follow the corpse from the point of death via dissection to the grave.¹¹⁵ In this way local arrangements permitted under the Anatomy Act and established through the ingenious and persistent efforts of its active and ambitious professors allowed Cambridge Medical School to develop into an outstanding and highly respected establishment by the end of the nineteenth century.¹¹⁶

In the 1830s Clarke had worked with the perpetual fear that he might not be able to complete courses through lack of material. Weatherall described the Anatomy Act as having had “a pernicious effect on the Cambridge Medical School” because apart from the handful of bodies sent to Cambridge from the hulks during the 1830s and 1840s it had closed off the supply from bodysnatchers without having replaced it with a supply

¹¹³ Hurren, “Whose Body is it Anyway? 75.

¹¹⁴ An Act for regulating Schools of Anatomy, 892 – 893.

¹¹⁵ Ibid.

¹¹⁶ Rook et al, *History of Addenbrooke's Hospital*, 117; Weatherall, *Gentlemen, Scientists and Doctors*, 251; Hutton, “Anatomy Act in Oxford and Manchester,” 126; Hurren, “A Pauper Dead House,” 69 – 94.

of pauper cadavers.¹¹⁷ During the mid-century Humphry's efforts were crucial in persuading boards of guardians to aid medical education to benefit of the health of the nation, in particular the poor who needed access to well trained Poor Law Medical Officers. In the latter part of the century Macalister continued to invest a considerable amount of time and effort to build on Humphry's achievement but seldom could he be content that every student who required anatomical material, whether for anatomy, physiology or on which to practice operative skills, had sufficient for their needs. Throughout the nineteenth century over three thousand students spent at least part of their time studying medicine at Cambridge, the proportion of medical students rising from 1% of the total student body in the 1850s to 10% by 1900. Clark, Humphry and Macalister all played a significant part in achieving this success. Their unceasing search for corpses seemed to be motivated not so much by any legal changes in medical education as by a desire to increase student numbers and thereby the prestige of Cambridge resulting in it becoming one of the best medical schools in Britain by the 1890s. The resulting improvements in the qualifications the University was able to confer followed in the wake of these achievements and can be seen as a direct result of the input of these three outstanding men on the medical school at Cambridge. It was not until the early 1900s that the inspectors provided any significant help with supplies of corpses first from London and then from Manchester but both of these sources were only temporary arrangements. Legislation had dictated the courses students had to study to qualify as medical practitioners, further legislation was supposed to facilitate this education but both the legislation and its agents had proved to be largely

¹¹⁷ Weatherall, *Gentleman, Scientists and Doctors*, 98.

ineffectual for provincial schools in general and Cambridge Medical School in particular.

Chapter 6

Workhouses, Guardians and the Poor

From the 1830s there were significant changes in the way poverty was regarded. Poor Law historiography points to the increasing cost of providing for both paupers, that is individuals who relied totally on support to survive, and members of the poor, the section of society who, whilst normally self-sufficient, required temporary relief at times of crisis.¹ According to King the NPL was designed to replace the “ramshackle system of local welfare initiatives” which had existed up until then and which through “generous allowances” had encouraged idleness and immorality. Instead by imposing the ‘less eligibility’ test which required conditions in the workhouse to be meaner than those the poorest labourer outside the workhouse could provide it ensured that the workhouse was a place of last resort.² By removing out-relief and imposing stringent conditions in the workhouses so that only the most desperate would enter them the cost of poor relief across Britain could be reduced. Green described the choice the NPL put before paupers as “tantamount to choosing whether to eat or starve.”³ However Kidd showed that poverty was not necessarily caused by indolent habits. He claimed that under-employment had been “little understood by economists until the end of the [nineteenth] century” leading to the condemnation of the “irregular habits” of those

¹ Digby, *Pauper Palaces*; Idem, *British Welfare Policy*; Driver, *Power and Pauperism*; Englander, *Poverty*; King, *Poverty and Welfare*; Jerry Crowley and Andy Reid, eds. *Poor Law in Norfolk 1700 – 1850* (Ely: East Anglian Record Office, 1983); Bayne, *History of Eastern England*; Longmate, *The Workhouse*.

² King, *Poverty and Welfare*, 227.

³ Green, “Pauper Protests,” 137.

seeking relief rather than addressing the system of employment which led people to require poor relief.⁴

Other historians, in particular Green through his work on London workhouses, have indicated that the legislation can be regarded as a measure of social control.⁵ Unlike Englander, Green did not regard paupers as “helpless, hapless and hopeless” but rather presented them as active participants in an attempt to make the new regulations work for them.⁶ This does not, he suggested, simply equate to an attempt to gain greater economic advantage but was rather an assertion that “far from being a downtrodden and submissive mass, paupers thought of themselves and acted as individuals with rights and a concept of self-worth.”⁷

Although few historians have considered the NPL together with the Anatomy Act⁸ I believe that Green’s description of pauper’s perception of their own self-worth important in the anti-poor law protests which occurred throughout the 1830s and in their attitude toward the use of pauper corpses for dissection. I argue that in Norwich and Ipswich guardians reacted against the aims of government to reduce expenditure on poor relief and to control paupers by continuing to put their welfare at the forefront of workhouse policy. Throughout this thesis I have shown that local arrangements were necessary to achieve practical solutions to local problems. This is in contrast to the earlier views of

⁴ Kidd, *State, Society and the Poor*, 47; Hennock, *Origin of the Welfare State*, 30 – 31.

⁵ Hennock, *Origin of the Welfare State*, 140 – 141.

⁶ Englander cited in Green, “Pauper Protests,” 138.

⁷ Green, “Pauper Protests,” 159.

⁸ Exceptions to this are Richardson, *Death, Dissection and the Destitute*; Hurren, *Protesting About Pauperism*.

historians which Ogborn has identified as suggesting that from the 1830s social policy had become increasingly centralised as the State set up new agencies and structures to oversee and implement legislation uniformly across the country.⁹ Ogborn countered this view through a case study of poor relief in the Portsea Island Union in which he demonstrated that although the central poor law authority had unprecedented *potential* to control local boards of guardians through the NPL, in practice without the agreement of guardians it struggled to implement its policies.¹⁰ Englander also suggested that guardians “whose perspectives and commitments often conflicted with those of the Poor Law Commission” and who “understood the circumstances and temper of their communities much better than did the men in London” had a moderating role on central policy,¹¹ a view borne out by this study of East Anglian unions.

Economic considerations were not the only issue that historians believed the government was concerned with when formulating the NPL. It has been shown that a degree of moral control was envisaged and Hurren has identified a further reason for guardian support of the NPL in the Brixworth Union in Northamptonshire. The Brixworth Guardians were mostly landowners and farmers who used the NPL in an attempt to counter the growth in the influence of agricultural trade unionism in their area. They rigorously applied the NPL to stop all out-relief thereby forcing agricultural labourers to accept both strict working conditions and low wages or to enter the workhouse. Hurren’s

⁹ Ogborn, “Local Power,” 215; King, *Poverty and Welfare*, 227.

¹⁰ Ogborn, “Local Power,” 221.

¹¹ Englander, *Poverty*, 15.

analysis of the guardian's actions revealed how they "exploited an anti-out-relief policy to pursue their political goals for economic and ideological reasons."¹²

The NPL and the Anatomy Act considered together threatened to remove all dignity, self-esteem and social value from a section of British society. Boards of guardians were central figures in the implementation of both pieces of legislation. Guardians were given immense responsibility by the passing of the Anatomy Act. For the first time a group of individuals were explicitly charged with the legal ownership of another's body and the duty to determine what should happen to that body after death. They were able to choose whether to send cadavers for dissection or to provide a burial 'on the rates' instead. Boards of guardians showed considerable variation in how they chose to apply the Act. Some readily agreed to supply all unclaimed corpses to anatomical schools, others refused to send any; yet other boards occasionally sent cadavers for dissection. Changes in the social or gender composition of a board can be seen as a reason for the termination or indeed reintroduction of a supply of corpses. In this chapter evidence will be presented to show why boards of guardians across East Anglia put different interpretations upon the Anatomy Act and how they reached their decisions. The authority placed upon them by the Act put them in a powerful position and, as we shall see, gave them a responsibility which weighed heavily on the conscience of the men, and later women, who were elected to office to care for the poor. It is how guardians

¹² Hurren, *Protesting About Pauperism*, 203.

dealt with pauper death that indicates their appreciation, or otherwise, of the fear that the NPL engendered in the poor following on so soon after the Anatomy Act.¹³

I want to look again at the debate which took place between the Guardians of the Ipswich Union in 1872 when called upon by Humphry of Cambridge University to supply him with the corpses of their unclaimed paupers because it shows the complex issues guardians across the country had to struggle with. Here was a union whose Guardians, for the best part of forty years, had not considered supplying unclaimed corpses for dissection. Despite regular circulars sent from the Anatomy Office successive Boards of Guardians did not seek to offset the cost of pauper funerals by approaching either Cambridge or London medical schools to offer them the corpses of paupers as they were legally entitled to do. The question had simply not arisen until 13 December 1872 when thirteen members of the Ipswich Union Board of Guardians voted to send the corpses of unclaimed paupers to the medical school at Cambridge for the purpose of anatomical examination. It seems that pressure to agree to Humphry's request came from medical practitioners on the Board who influenced the guardian's vote. In particular Dr. Crevallier, who had been in correspondence with Humphry, regarded the proposal as a beneficial one. Crevallier pointed out that the Anatomy Act had been in force for many years and its successful application had meant the end of bodysnatching and burking and had facilitated many improvements in medical education and therefore the health of the nation. However, indicating that he was aware of the general antipathy towards dissection, he went on to say that since Ipswich would only be likely to supply

¹³ Richardson, *Death, Dissection and the Destitute*, 266. Richardson described the Anatomy Act as "in reality an advance clause to the New Poor Law."

about one body a year the public need not be aware of what was going on and therefore could not be offended by a decision to send corpses to Humphry in Cambridge. However at their next meeting a week later one of the Guardians, Mr. Anness (seconded by Mr. Fisk), gave notice of his intention to move to rescind the resolution. Following further discussion the board again voted and this time was split six for the motion and six against. The Chairman then used his deciding vote in favour of Anness' motion and so the Ipswich Union informed Humphry that they would not be supplying any corpses to Cambridge Medical School.¹⁴

The brief factual reporting of the Board of Guardians' decision as described in their minute book clearly conceals much discussion. Why, for example, did Anness and Fisk support the motion and yet only a week later decide to try to overturn the decision of the Board? Was it their own consciences that brought about this change of heart or were they influenced by the mood of the townspeople? Some possible reasons for this change can be found in reports carried in the *Ipswich Journal* and the *Suffolk Chronicle*.

The *Ipswich Journal* printed the letter from Humphry to the Board of the Ipswich Union with the comment that the only problem the Guardians apparently raised was over how to ensure sanitary conditions during the removal and transportation of the corpses.¹⁵ So if this piece of reporting were accurate it would seem that Anness and Fisk had not had any doubts about the appropriateness of supplying the corpses of Ipswich paupers at that stage. The *Suffolk Chronicle* carried a sarcastic piece reporting that:

¹⁴ Ipswich Union Board of Guardians Minutes, 13 December, 1872 – 27 December, 1872, DD1/28/2/21.

¹⁵ Ibid, cutting from the *Ipswich Journal*, 13 December, 1872, n. p.

The Ipswich Board of Guardians yesterday agreed to comply with a request that the dead bodies of friendless paupers who die in the workhouse may be sent for anatomical purposes to Addenbrooke's hospital Cambridge... We hope there are no friendless paupers over Stoke, or, that if there are, they won't read this "note". It is not pleasant to know that when you are dead your body will be cut up for scientific purposes, and the fact that the disjointed limbs will be duly buried in the cemetery at the expense of the hospital authorities, does not tend to make things a whit pleasanter for the "subjects". However, paupers are but paupers, so they must think nothing of being picked to pieces by prying fingers, and being boiled down for the sake of science. So profoundly impressed are one or two Ipswich surgeons, and not a few Guardians, with the importance of scientific investigation, that it is said they have already written the direction to be affixed to the box which shall take their remains from Ipswich to Cambridge.¹⁶

Later that week the *Ipswich Journal* featured an item taken from the *Norfolk News*.¹⁷ It reported that Mr. Dakin, of the Norwich Union Board of Guardians, had been successful in persuading his Board to overturn their original decision to supply corpses to Cambridge. It is likely that Anness knew of this decision before he attended the meeting on 20 December and may have been encouraged by it to speak out for the residents of the Ipswich Union workhouse. By the time the Board met again the mood had changed. Many of the Guardians were local businessmen who depended on the goodwill of the townspeople for the continuing success of their businesses and their place on the Board.

¹⁶ *Suffolk Chronicle*, 14 December, 1872, 1, col., d.

¹⁷ *Ipswich Journal*, 17 December, 1872, 1, col., c.

Some felt they could not ignore the general unpopularity of the Anatomy Act's provisions. Although Crevallier urged the Guardians to be braver than those at Norwich and keep to their original decision, he was unsuccessful in his appeal.

This sort of pattern can be found across East Anglia with guardians changing their minds over the supply of corpses from their unions. Within the space of just a few weeks Humphry had been refused in his quest for bodies by Ipswich and Norwich Unions. The guardians' actions raise many questions. Was there a general change in the public's perception of anatomy itself or its usefulness in medical education? Did guardians regard themselves as progressive supporters of science or was their first responsibility for the concerns of paupers? How far were guardians swayed in their judgement by public opinion? As locally elected representatives did their duty lie in reducing the tax burden for the electorate or spending whatever was necessary to ensure an acceptable level of care for the poor? The Anatomy Act was a permissive act, there was no compulsion to comply with it and, as will be discussed further, some boards of guardians never supplied corpses while others vacillated over their decision. It is interesting to examine why boards of guardians hesitated to send bodies to medical schools but, considering the few incentives and the many disincentives, it is perhaps of greater interest to consider why any boards of guardians ever agreed to comply with the Anatomy Act.

Essentially guardians of the poor had to decide for themselves whether to hand over pauper corpses to anatomists for dissection or to use locally collected rates to pay for

pauper funerals. Factors which encouraged guardians to supply corpses were the ethos of the NPL which was generally unsympathetic to the wishes of paupers although as noted in Chapter 5 *some* guardians did interpret the NPL in a way which took into account pauper's anxieties; a concern over saving rate-payers money wherever possible, in particular the desire to save the cost of pauper funerals, and constant pressure from inspectors of anatomy and anatomists to provide material to enable medical students the opportunity to successfully study anatomy. Factors which discouraged the use of pauper corpses for dissection included the guardians' accountability to an electorate which generally disliked the concept of dissection and who wanted paupers treated humanely; individual guardian's sympathy with the poor as shown by workhouse conditions more generous than the NPL required especially in regard to funeral arrangements, and the fear of scandals which in any form would blight the whole board of guardians and impede any future civic ambitions they might hold. There is no definitive response by boards of guardians to these issues. In East Anglia I shall show that apparently similarly composed boards operating in similar demographic areas responded in remarkably different ways in the execution of their duty.

Although, as stated, guardians form the central concern of this chapter they were just one part of the whole picture. Interacting with them and their decision making were all classes of the poor, who wanted to be shown respect and provided with a decent level of care in life and death; rate-payers who wanted unions to be run economically but humanely and who were the group which elected the guardians; poor law inspectors through whom central government tried to implement legislation (although some boards

of guardians showed a remarkable disregard for their recommendations); inspectors of anatomy who worked throughout the century encouraging individual boards to supply corpses and anatomists who expended time and energy on building a working relationship with guardians and tried to provide reassurances that any pauper used by them would be treated with the greatest respect. As we shall see, responses to the NPL changed during the nineteenth century from violent attacks directed against the fabric of the new workhouses and poor law officials, much of which King, Kidd and Burrell and Gill have identified as a continuation of the popular unrest against authority seen in the Swing riots of the early 1830s, giving way to a long period of quiet resentment.¹⁸ This was followed by political changes which in the 1890s widened the franchise and made possible the appointment of working class guardians to poor law unions, culminating in the early twentieth century proposals to provide old age pensions thus allowing the elderly the means to live outside the workhouse system, so making it less likely that they would end their lives on the anatomist's dissection table.

Poor Law Legislation

A major impetus for national change in the way poor relief was managed was the spiralling cost of relief. In the first thirty years of the nineteenth century payments to paupers, mostly as outdoor relief, had doubled. Welfare historians have seen the NPL as representing a moral crusade against the poor and Edwin Chadwick, who played a leading role in formulating the Act, called it "an administrative experiment in the

¹⁸ King, *Poverty and Welfare*, 6, 229; Kidd, *State, Society and the Poor*, 25; Burrell and Gill, "Liverpool Cholera Epidemic," 493.

treatment of a moral plague.”¹⁹ A moral dimension was applied to a financial expediency enabling what might otherwise have been regarded as an overly harsh regime to appear as a necessary step to maintain the Christian ethos of society as a whole. To have regarded paupers as victims of circumstances beyond their control would have necessitated a charitable response from a Christian country however by labelling them a ‘moral plague’ and linking pauperism with degeneracy, seeing it as self-induced, Chadwick was better able to promote the workhouse regime indicated in the NPL.

Table 6.1 Cost of Poor Relief in Norfolk

Year	Expenditure
1801	£184,572
1811	£ 224,840
1820	£ 272,939
1834	£ 306,787
1840	£ 181,058

Source: Bayne, *History of Eastern England*, 364, 375, 386; J. Crowley and A. Reid, eds. *The Poor Law in Norfolk 1700 – 1850* (Ely: East Anglian Record Office, 1983) 144.

In 1832 a Royal Commission was appointed to consider what changes were necessary to the existing poor law to achieve the desired reduction in expenditure. The report of the

¹⁹ Driver, *Power and Pauperism*, 18; see also Thompson, *English Working Class*, 295; Graeme White, *In and Out of the Workhouse: The Coming of the New Poor Law to Cambridgeshire and Huntingdonshire* (Cambridge: East Anglian Record Office, 1978) 5.

Poor Law Commissioners shocked parliament, it was found that over eight and a half million pounds a year was being spent to support paupers across England and Wales.²⁰ Reflecting the national trend, in Norfolk the cost of poor relief had risen steadily since the turn of the century, (see Table 6.1) with a 60% increase in poor law expenditure in little over thirty years.

It took just six months following the publication of the commissioners' report for their recommendations to become law. Essentially the NPL was designed to dramatically reduce the payment of out-relief to the able-bodied poor and to combine parishes into unions with central workhouses which would be run so as to make life in them 'less eligible' than the conditions in which the humblest labourer could expect to provide for himself. In that way it was believed that the workhouse would provide a self-acting test of applicant's claims for help. Its initial efficiency in this regard can be seen in Norfolk where by 1840 poor law expenditure was once again below the figure for 1801. In economic terms the NPL had achieved its goal.

The NPL was also presented as having a moral dimension. The major agent in improving the morality of the poor was to be the absolute segregation of paupers within workhouses. Segregation had three aims; it was to serve as a basis for appropriate treatment, as a deterrent to pauperism and as a barrier against moral and physical contagion. This was only possible due to the unprecedented, centrally driven, programme of building large workhouses, often designed along the same lines as

²⁰ William White, *White's Directory* (London: Simpkin, Marshall & Co., 1885) 17.

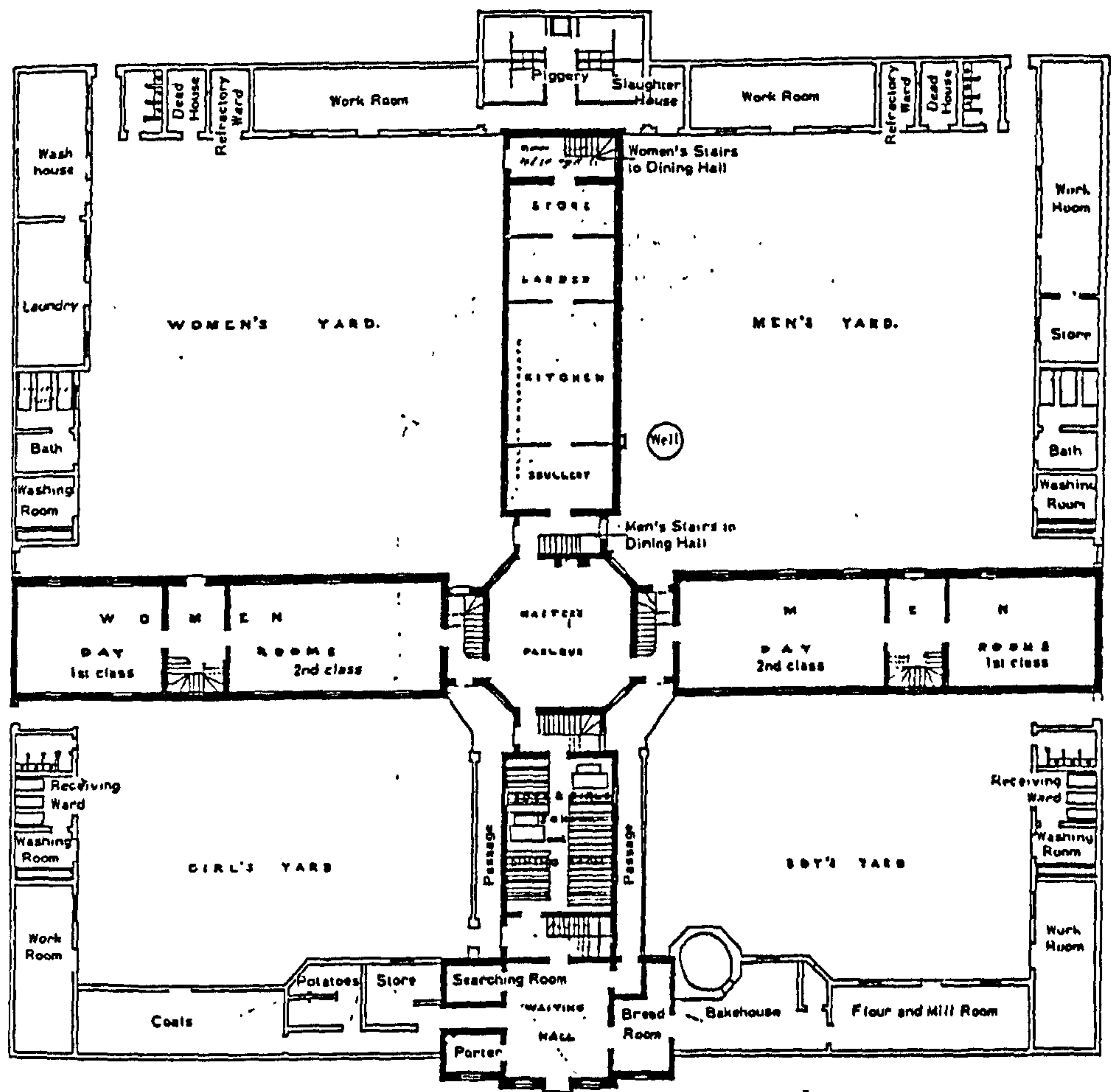
prisons, which enabled officials to monitor the inmates at all times. The Act did not require the construction of a new workhouse if the guardians believed an existing building would be suitable for their purposes. However the anticipated rise in indoor relief led many unions to build new workhouses capable of holding several hundred paupers.²¹

A key figure in the design of workhouses was Sampson Kempthorne who drew up plans approved by central government and used by union guardians in the intense building period from 1835 – 1840. His generic plan (see Figure 6.1) of 1835 clearly shows how men and women, boys and girls were to be kept apart, only coming together in the same room for their meals and Sunday worship. The Master's room was placed centrally and had a window onto each yard through which he could monitor the inmates. As can be seen even in death the sexes were segregated with a dead house positioned in both the men and women's yards, a design which in at least one case contributed towards great distress for an impoverished family. A labourer, his wife and children had entered the workhouse and, as the rules dictated, were separated from one another. After a period of time the labourer could stand the conditions no more and requested that he, his wife and children leave the workhouse and he would try to obtain work to support them. He was told he could only take his children but not his wife since she had been buried three

²¹ For example a new workhouse was built in Great Yarmouth in 1838 with accommodation for 500 persons. There was a total of twenty-two workhouses in Norfolk with accommodation ranging from 131 (Freebridge Lynn) to 1057 (Norwich) but the majority held between 250 and 500 paupers each. Crowley and Reid, *Poor Law in Norfolk*, 157.

weeks previously. No one had considered it necessary to tell him that his wife had died; he did not see her body or attend her funeral.²²

Figure 6.1 Ground Floor Plan of a Workhouse Designed by Sampson Kempthorne



Source: White, *In and Out of the Workhouse*, 17.

²² *Times* 11 July, 1837, 3, col., c.

Although in practice the plans had to be adapted to the plot available, the basic principles of Kempthorne's plan were maintained in virtually every workhouse built in this period. It was a design chosen to make an awful impression on the poor. The assistant commissioners commented that "the pauper would feel it was utterly impossible to contend against it," that "the forbidding look of the new workhouses was intended as a terror to the able-bodied population" and "their prison-like appearance inspires a salutary dread of them."²³

The NPL did not meet with universal approval amongst all rate-payers, whom it would seem to benefit. It was the perception of Christopher Lefroy, "a gentleman of much experience and of the highest respectability" that:

The New Poor Laws have not fulfilled a single promise that ever was made for them. They have not reduced the rates; they have not raised the wages; they have not in any way improved the character and condition of the poor, but exactly the reverse.²⁴

Further shortcomings of the Act were recognised by those in authority. The 1834 Act had envisaged the establishment of over six hundred unions each with a large workhouse able to provide indoor relief for the absolute destitute with the concurrent elimination of out-relief as a unified *national* solution to the question of pauperism. By making indoor relief the only help available and the conditions in workhouses so stringent as to deter

²³ Quoted in Driver, *Power and Pauperism*, 59.

²⁴ *Times*, 13 December, 1838, 3, col., d.

the poor from voluntarily entering them, the cost of poor relief could be drastically cut. However due to high seasonal demand for agricultural labourers in rural communities with concomitant periods of under-employment, local boards of guardians had to find ways of using the law to suit their own circumstances. Central government had to accept a pragmatic approach to regulate rather than govern the pattern of poor relief across the country. Both Eric Hopkins and Elizabeth Hurren, who have written comprehensive accounts of poor law legislation, indicated that out-relief could not be effectively stopped.²⁵ By 1846 it was calculated that there were around one and a third million paupers receiving poor relief in England and 85% of them were on out-relief.²⁶ Once it was acknowledged by central government that some out-relief remained necessary it became controlled by the Relief Regulation Order (1852) which required that at least half the benefits had to be given in kind rather than as money and for just one week at a time.

During the 1870s, when agriculture was facing a slump, there were renewed efforts to force paupers into workhouses by the campaign against all out-relief.²⁷ Some unions took the decision to implement the NPL robustly, forcing families to choose between entering the workhouse or leaving the union to seek work elsewhere. The intention of such unions was to cut poor relief to a minimum. However, as Hurren has stated “as the crusade took hold, it impoverished more social groups” resulting in higher relief costs

²⁵ Eric Hopkins, *A Social History of the English Working Classes* (London: Hodder and Stoughton, 1979) 85; Hurren, *Protesting About Pauperism*, 18.

²⁶ Hopkins, *History of the English Working Classes*, 85.

²⁷ Hurren, *Protesting About Pauperism*, 45 – 52, provides a comprehensive account of the crusade against out-door relief engaged in by landowners and farmer guardians in the Brixworth Union, Northamptonshire at a time of agricultural recession; Green, “Pauper Protests,” 221.

for the growing number of inmates forced into the workhouse.²⁸ Driver has also done much work in highlighting the conflict between the intentions of centrally based officialdom as represented by the Poor Law Commission (until 1842) the Poor Law Board (1842 – 1871) and the Local Government Board (established 1871) and what actually happened in the provinces.²⁹

Reaction to the New Poor Law in East Anglia

Changes introduced by the 1834 legislation brought forth complex responses. The NPL resulted in a system of relief for poverty which was viewed by a section of the working population as something to be feared and avoided if at all possible. For the respectable poor who supported themselves by their labour and had accepted out relief in bad times to enable them to maintain their place within their communities there was a stigma attached to having to acknowledge their inability to provide for themselves and their families by entering a workhouse. For many elderly paupers the new workhouses represented a daunting place in which to spend their final days especially with the knowledge that unclaimed corpses could be sent for dissection.³⁰ However in contrast Green has described how “many [paupers] regularly came and went, secure in the knowledge that officials had an obligation to readmit them.”³¹ In this way some paupers used the NPL to their advantage and by taking control eliminated any sense of shame in accepting indoor relief. Yet as Green said, “paupers themselves could be feisty,”

²⁸ Hurren, *Protesting About Pauperism*, 191; Kidd, *State, Society and the Poor*, 49.

²⁹ Driver, *Power and Pauperism*, 74.

³⁰ Knott, *Popular Opposition*, 232.

³¹ Green, “Pauper Protests,” 139.

changes in established patterns of poor relief and the imposing nature of the large new workhouse buildings did lead in some cases to a trepidation based on uncertainty which was expressed through violence and riots. Englander has commented that “contemporaries were certainly alarmed by the depth of popular opposition” that the NPL provoked.³² John Glyde’s report in 1856 on the early history of the NPL in Suffolk graphically described the mood when he wrote:

The dread and horror of the workhouse brought on a state of destitution, which bared the wall and rifled the tenements of hundreds of our fellow creatures, and in some instances left hunger without food, hearths without fire, and sickness without a bed ... one sad and prominent feature in the New Law was degradation. It declined to assist industrious poverty without first disgracing it. To the distressed labourer it said, “Go into the workhouse or you shall have no aid; break stones or you shall have no bread”. It was public charity doled out in pittances, without sympathy, naturally engendering dissatisfaction, and distrust, and in some cases despair and death.³³

Especially resented was the splitting up of families under the regimented discipline that insisted that men, women and children were accommodated in segregated wards. That, together with meagre diets and monotonous work ensured that only the desperate amongst the able-bodied applied for relief. In her study of the eastern counties Digby recorded that, “the stringent provisions of the New Poor Law deterred the Norfolk able-

³² Englander, *Poverty*, 43.

³³ Glyde, *Suffolk in the Nineteenth-Century*, 183.

bodied poor from seeking relief in these early years. Little more than one quarter of the people offered indoor relief in Norfolk workhouses accepted it in 1835-1836." During the most difficult winter months in 1837-1838 only 6% of workhouse inmates were able-bodied and in 1838-1839 the figure was just 8%.³⁴ Building on this work Crowley and Reid found that across Norfolk at mid-century workhouses were barely half full, "partly because of the loathing they inspired."³⁵ Due to the paucity of primary evidence for East Anglia it is extremely difficult to reconstruct how individual paupers felt about the changing official face of relief; did they view the construction of dedicated workhouses as analogous with prisons? Did they fear that once they became an inmate they would never be able to re-establish their family unit; that they would never come out of the workhouse again? We can gain a better understanding of how the poor collectively reacted to the new regime from official reports and newspapers.

As workhouses were erected, a world hidden behind high external walls, it was inevitable that rumours grew about the atrocities which were believed to happen within them.³⁶ The Assistant Commissioner for Devon, William Gilbert, reported that local people said that the bread given as poor relief was poisoned and that even touching it would instantly kill them. There were also stories that any child beyond three in a family would be killed inside the workhouse whilst all women under eighteen would be sterilized.³⁷ Assistant Commissioners did little to try and stop such rumours. As Assistant Commissioner Mott

³⁴ Digby, *Pauper Palaces*, 108.

³⁵ Crowley and Reid, *Poor Law in Norfolk*, 108; see also C. Barringer, ed., *Norwich in the Nineteenth-Century* (Norwich: Gliddon Books, 1984) 67.

³⁶ Best, *Mid-Victorian Britain*, 146. Best contests the view of workhouses as bastilles, considering them rather as impressive buildings but not prison-like.

³⁷ Knott, *Popular Opposition*, 225.

claimed, “the objective of building these union workhouses is to make them a terror to the poor and prevent them from entering.”³⁸ In the Wayland Union in Norfolk paupers thought that they would be branded with a P if they went into the workhouse. It is not remarkable in these circumstances that poor labourers also believed that murder and dissection awaited those who were incarcerated in union workhouses. The workhouse came to stand as a symbol of the way the rich and powerful treated the poor and the NPL took on an almost mythical reputation for repression.

Suffolk was particularly unsettled during the 1830s with a major disturbance occurring in Ipswich in 1835 when both the St. Margaret’s and St. Clements workhouses were severely damaged once it became known that not only were families be separated when they entered the workhouse but in this case they were to be placed in totally separate buildings.³⁹

Further disruption occurred across Suffolk. The Blything workhouse, thirty miles north-east of Ipswich, was also attacked, but after an hour’s confrontation the magistrates and special constables were able to disperse the large group of labourers who had gathered with only minimal damage occurring.⁴⁰ A week later in the Hoxne Union, fifteen miles to the north of Ipswich, the house of one of the Guardians, Mr. Pooley, was stoned and the following day around two hundred people, armed with clubs and sticks, tried to

³⁸ Ibid., 227.

³⁹ *Ipswich Journal*, 26 December, 1835, 1, col., c; *The Times*, 26 March, 1836, 6, col., f, 17 February, 1851, 5, col., f; Knott, *Popular Opposition*, 68 - 72; Digby, *British Welfare Policy*, 217 - 224; Lilian Redstone, *Ipswich Through the Ages* (Ipswich: East Anglian Magazine Ltd, 1969) 105; Glyde, *Suffolk in the Nineteenth-Century*, 18.

⁴⁰ Knott, *Popular Opposition*, 72.

storm the Guardians' meeting.⁴¹ Once it became clear that large gatherings were going to face ruthless treatment from constables or the militia popular opposition reverted to the old methods of resistance; arson, intimidation and targeted assaults.⁴² Driver has suggested that the movement against the NPL was a genuinely popular campaign which involved vast numbers of ordinary people including paupers, handloom weavers, factory-hands, agricultural labourers, overseers and ratepayers. Some of these groups feared becoming inmates of workhouses whilst others resented the changes in provision for the poor or the costs incurred by the new wave of building works required.⁴³

Even before the Ipswich riots Norfolk labourers were resisting the NPL regulations. During the summer of 1835 farmers in the rural north-west Norfolk Union of Docking refused to pay extra for the moving of the hay harvest and the labourers expected their pay to be made up by poor-relief as in the past. However they were offered food vouchers, not money, which they refused. To break the deadlock labourers from outside the area were brought in but this move was met with violence. Eventually nearly nine hundred labourers marched on the farm of Mr. Kitton, an overseer of the poor, smashed his house and set fire to it. They followed this up with attacks on the homes of three other overseers. It took the arrest of eight labourers, who received prison sentences of between three months and two years, before the unrest petered out.⁴⁴

⁴¹ Digby, *Pauper Palaces*, 219.

⁴² Knott, *Popular Opposition*, 78; King, *Poverty and Welfare*, 6.

⁴³ Driver, *Power and Pauperism*, 117.

⁴⁴ Driver, *Power and Pauperism*, 68.

Across the county further acts of opposition to the changes wrought by the NPL occurred. In the Freebridge Lynn Union, adjacent to King's Lynn, an overseer's horse's throat was cut. Another reported that two of his horses had been stabbed. At Henstead, south of Norwich, a relieving officer was robbed and his throat cut but he survived to identify his assailant as William Buck who had been refused relief earlier in the day.⁴⁵ At Heckingham workhouse in the south Norfolk Union of Loddon and Clavering in 1836 Assistant Commissioner Edward Parry was assaulted by inmates of the workhouse. Shortly afterwards Assistant Commissioner Kay took over the area and decided to implement more restrictive regulations in the workhouse, announcing that there was to be a reduction in the dietary of able-bodied paupers and insisting on strict segregation of the sexes as punishment for the earlier attack.⁴⁶ Before the new rules could be implemented the workhouse was burnt to the ground by a former inmate James Borrett but as no one came forward to supply any evidence against him and he was eventually released without charge.⁴⁷ Green has suggested that such acts reflected ideas of social justice held by those whose circumstances forced them into the workhouse.⁴⁸

Further arson attacks followed, for example the isolated rural workhouse at Rollesby north-west of Great Yarmouth had half the building destroyed on the day that married couples were due to be separated.⁴⁹ Boards of guardians became afraid for the safety of their workhouses, many of which had been newly erected at considerable cost, so they

⁴⁵ Digby, *Pauper Palaces*, 222.

⁴⁶ Kay reported that soldiers received 168 ounces of solid food a week, agricultural labourers 122 ounces while those in Heckingham workhouse were receiving 250 ounces.

⁴⁷ John Bilyard, *Hales Hospital a History: Workhouse to Hospital* (Norwich: Norwich Health Authority, 1987) 22.

⁴⁸ Green, "Pauper Protests," 139.

⁴⁹ Digby, *Pauper Palaces*, 220.

tried to increase their security. The Board of Guardians of the Mitford and Launditch Union asked the Home Office for a sergeant and three policemen to help guard Gressenhall workhouse and other unions increased the height of surrounding walls to stop attacks but these measures increased the prison-like appearance of the workhouses and led to even more resentment amongst the poor.⁵⁰

As suggested by Digby “political economy replaced moral economy in the countryside. The New Poor Law was welcomed by the owners and occupiers of land in the county precisely because Norfolk had been the scene of so many disturbances that it was thought that a harsher system of poor relief would discipline the labouring poor.”⁵¹ The point that was entirely missed at this early stage of the NPL’s implementation was that many were poor through no fault of their own. Under-employment was endemic across the eastern counties, and old age and infirmity further prevented people from supporting themselves. The rhetoric of legislators may have described the poor as largely undeserving of public support but the majority of the poor repeatedly showed that they only required fair treatment so that they could remain independent. Severe punishments for legitimate grievances became counter-productive. For example it was reported that eighty-one year old George Troth was sentenced to seven days imprisonment with hard labour because he had refused to break stones and so was deemed to have been insolent to the Master of the workhouse.⁵² His crime was in opposing the rules of the NPL. Such treatment of an aged man caused much resentment. At the other end of the age scale two

⁵⁰ Knott, *Popular Opposition*, 81.

⁵¹ Digby, *Pauper Palaces*, 218.

⁵² *Times*, 3 July, 1837, 6, col., b.

young boys who ran away from the Thingoe Union, close by Bury St. Edmunds, were caught and charged with stealing the clothes they were wearing. They were sentenced to fourteen days hard labour.⁵³

Comparisons made by nineteenth century reformers indicated that conditions were frequently better in prisons than in workhouses.⁵⁴ In Suffolk the Chaplain of Bury St. Edmund's gaol said that the incentive of having more to eat in prison led many inmates of the union workhouses to commit offences in order to be transferred to the gaol and at Ipswich the Chaplain reported that "the union workhouse is detested by them all; it is the universal feeling among prisoners."⁵⁵ This opinion is further supported by a report by visiting magistrates who found six women in Ipswich gaol who were serving two months having been sent there from the Stradbroke Union workhouse. The women all stated that they preferred being in the county gaol since the food and cleanliness was "much superior" to that they experienced in the workhouse.⁵⁶ The figures in Table 6.2 indicate that on average between 3% and 11% of the inmates of Suffolk workhouses were sent to gaol for various offences. In Green's analysis of committals from London workhouses he concluded that workhouses with large numbers of casual poor or "one-nighters" sent most inmates to prison. This view contrasts strongly with the evidence I

⁵³ *Times*, 29 July, 1839, 6, col., b.; Knott, *Popular Opposition*, 230.

⁵⁴ Charles Dickens, "A Walk in a Workhouse," in *Charles Dickens: A December Vision*, ed. Neil Philip and Victor Neuberg (London: Collins, 1986) 101 – 102; Carey Craven, "A Night in the Workhouse," *The Keighley Series* 1 (Keighley: C. W. Craven, n. d.): 2 – 7; Ian Dewhirst, "A Season of Brutality and Suspect Food," *Keighley News*, 14 December, 1979, 7, cols., a – d.

⁵⁵ Glyde, *Suffolk in the Nineteenth-Century*, 187.

⁵⁶ Report in the Visiting Justice's Book of Ipswich County Gaol, 4 February, 1845, quoted in Glyde, *Suffolk in the Nineteenth-Century*, 186.

Table 6.2 Inmates of eight Suffolk workhouses committed to gaol for offences committed whilst in the workhouses 1844 – 1852

Union	Males	Females	Total
Plomesgate	149	38	187
Stow	68	17	85
Bosmere	93	17	110
Hoxne	74	22	96
Samford	86	6	92
Woodbridge	77	23	100
Hartismere	110	27	137
Total	657	150	807

Source: Glyde, *Suffolk in the Nineteenth-Century*, 187.

present for Suffolk where those assigned to gaol were more likely to be ‘established’ inmates who deliberately set out to break the rules with the intention of spending some time in what they regarded as the better conditions of the local prison.⁵⁷

The combative reaction of a section of the labouring classes to the NPL disguises the reality for many more. Although the workhouse could be used by paupers as a way of surviving poverty, there is no doubt that many of the working poor dreaded entering the workhouse.⁵⁸ Richardson showed through her description of the strategies used by those

⁵⁷ Green, “Pauper Protests,” 144; Englander, *Poverty*, 42.

⁵⁸ Green, “Pauper Protests,” 139.

who became pauperised to avoid entering the workhouse if at all possible that there was a sense of shame associated with accepting indoor relief, that it indicated the ultimate social failure.⁵⁹ Englander concurred with Richardson calling pauperism “a form of degradation and disgrace” suggesting that “to enter the workhouse was a public admission of personal and moral failure.”⁶⁰ Paupers believed that the physical regime of the workhouse would be harsh (although research has shown that many had a higher standard of nutrition inside the workhouse than they had achieved outside)⁶¹ with the separation of families particularly hard to bear.⁶² In an effort to hold off the removal to the workhouse families would sell everything they possessed and once admitted even their clothes were taken, replaced by the workhouse uniform. They were stripped of their previous existence and all decisions for their future in life and death renounced to the authority of the guardians.⁶³ In contrast to these views recent historiography has indicated that some groups of paupers, in particular those who experienced ‘seasonal pauperism’ such as East Anglian agricultural labourers, used the workhouse system in a positive way to their advantage by entering the workhouse for temporary support in the knowledge that they would soon be out again.⁶⁴

⁵⁹ Richardson, *Death, Dissection and the Destitute*, 272 – 281; Gregory, “Poverty,” 45.

⁶⁰ Englander, *Poverty*, 44.

⁶¹ Digby, *Pauper Palaces*, 163.

⁶² *Ibid*, 216 – 228.

⁶³ Lees, *Solidarities of Strangers*, 147.

⁶⁴ King, *Poverty and Welfare*, 229; Hurren and King, “Begging for a Burial,” 323.

Pauper Funerals

A major concern of those entering the workhouse was that if they died there (and avoided dissection) they would be given a pauper funeral.⁶⁵ Traditionally it has been assumed that guardians were eager to save every penny and would welcome the opportunity to send paupers for dissection – but in fact, this does not generally apply in East Anglia.⁶⁶ The poor who ‘died on the parish’ were, in the absence of family or friends to shoulder the burden, normally provided with a pauper funeral. To understand what this meant to the poor it is necessary first to consider what constituted a decent nineteenth-century funeral and then to contrast that with the provision made for them by boards of guardians. In their work on the rituals of death Jupp and Gittings said that “perhaps at no time in the modern period has the contrast been so marked between the death of the rich and the death of the poor than during the nineteenth century.”⁶⁷ The prospect of a pauper funeral appears to have haunted the poor of Victorian Britain. A dignified, ‘proper’ funeral was the proof that one had been of worth as an individual. The rise of the Victorian funeral has been described by many historians⁶⁸ who suggest that, either through the developing awareness of a person’s individuality;⁶⁹ through an

⁶⁵ Kidd, *State, Society and the Poor*, 118.

⁶⁶ Hurren and King, “Begging for a Burial,” 321 – 322.

⁶⁷ Jupp and Gittings, *Death in England*, 226.

⁶⁸ Philippe Ariès, *The Hour of Our Death* (London: Penguin, 1987); Brooks, *Mortal Remains*; Howard M. Colvin, *Architecture and the After Life* (New Haven: Yale University Press, 1991); James S. Curl, *A Celebration of Death* (London: Batsford, 1993); Judith Flanders, *The Victorian House* (London: Harper, 2002); Houlbrooke, *Death, Ritual and Bereavement*; Jallard, *Death in the Victorian Family*; Peter Jupp and Glenys Howarth, *The Changing Face of Death*, (London: Macmillan Press, 1997); Lerner, *Angels and Absences*; Julian Litten, *The English Way of Death*, (London: R. Hale, 1991); Morley, *Death, Heaven and the Victorians*; Pearson, *Archaeology of Death*.

⁶⁹ Ariès, *Hour of Our Death*, 561 - 65; Jupp and Gittings, *Death in England*, 169.

increased prosperity;⁷⁰ or following the plethora of legislation concerning the closure of churchyards to further interments on health grounds and the development of private cemetery companies during the 1840s and 1850s, there was a rapid rise in the elaboration of funerals of the middle classes during the century.⁷¹ This was matched by impressive funerary monuments erected in the new cemeteries, which quickly became the focus of Sunday afternoon walks, allowing families to display their social standing through the position of the grave plot within the cemetery and the statuary they erected. By mid-century undertakers provided coffins, decorated palls, attendants carrying black plumes of feathers, mutes, and black scarves, hoods, cloaks and streamers for mourners to wear.⁷² Although middle-class funerals did become simpler during the 1870s the prevailing mood remained that if a funeral became too simple then it indicated a lack of respect for the individual and their erstwhile position in society. Working-class funerals, although far less expensive, could still be respectable when family or the wider community accompanied the dead to the grave and oversaw the provision of a coffin, shroud and simple headstone.⁷³

The NPL began the separation of funeral practice between paupers and the rest of society. Pauper funerals had occurred before this date but were akin to the type of funeral ordinary labourers could provide themselves. In the case of outdoor paupers guardians were able, if they so chose, to assist the poor to bury their dead by using

⁷⁰ Houlbrooke, *Death, Ritual and Bereavement*, 6.

⁷¹ Susan A. Knowles, "Seeking a Solution," (MA Dissertation, University of East Anglia, 2000), 14.

⁷² Flanders, *Victorian House*, 333.

⁷³ David Paroissien, *The Companion to Oliver Twist* (Edinburgh: Edinburgh University Press, 1992), 77. Paroissien states that the average cost for an adult funeral amongst the labouring classes was £4 during the 1830s.

medical outdoor relief orders. The Medical Relief (Disqualification Removal) Act (1885) has been cited by Hurren as the excuse stringent boards of guardians used to stop all assistance with funeral expenses so increasing the number of poor who had to endure a pauper funeral,⁷⁴ which Tom Laqueur has argued showed “their absolute exclusion from the social body.”⁷⁵

Pauper burials took place in one of three settings; the workhouse burial ground, the local graveyard or cemetery or the churchyard of the deceased’s own parish. In Suffolk Guardians of the Tattingstone workhouse arranged the interment of over five hundred paupers in their own burial ground. In Norfolk, Heckingham and Gressenhall Guardians did the same.⁷⁶ It was easier for rural workhouses to find space for a burial ground than their urban counterparts and burial within the workhouse confines provided additional cost benefits for the union. However Kay advised against the provision of a cemetery when new workhouses were being built during the 1830s. Whilst he acknowledged that they were the cheapest option he still advised guardians to allow paupers to be buried in their own parishes in a decent manner. He thought that the cost was relatively small and that “the genuine feelings of the poor upon this subject should be respected.”⁷⁷ His advice was heeded by the Guardians of the Lingwood and Norwich workhouses in Norfolk and also by workhouses in Cambridgeshire, despite the additional transport costs involved in sending corpses back to their own parishes.

⁷⁴ Hurren, *Protesting About Pauperism*, 209. This measure also resulted in a rise in the number of ‘unclaimed’ corpses being used for dissection.

⁷⁵ Tom Laqueur, “Bodies, Death, and Pauper Funerals,” *Representations* 1, (1983):109.

⁷⁶ Bilyard, *Hales Hospital*, 14.

⁷⁷ Audrey Serreau, *Times and Years: A History of the Blofield Union Workhouse at Lingwood in the County of Norfolk* (Bungay: Morrow, 2000) 58.

Accounts tell of the speed with which burial services at pauper funerals were carried out; how multiple funerals were conducted at the same time, often with no mourners present, leading to the sense that “the forlornness and the very impersonal character of the whole proceeding was [the] most marked feature” of a pauper funeral.⁷⁸ Charles Dickens added to this bleak picture when he described in *Oliver Twist* (1838) a pauper funeral where a poor woman was carried in a bare coffin to the churchyard by workhouse inmates moving at a trotting pace. Her grave was in an obscure corner surrounded by nettles and the burial took place only after a lengthy delay while the funeral party waited in the rain for the cleric to arrive.⁷⁹ It is as difficult a task to describe a typical pauper funeral as it is a middle-class one. All unions received directives from the Poor Law central office but remained essentially free to provide whatever they felt they could economically justify to their rate-payers. Generally coffins were made of thin wood and unadorned, shrouds were of cheap material or absent altogether, and there were no flowers and sometimes no pall. Graves could be in the workhouse grounds or the undesirable parts of cemeteries and they were communal, often holding many coffins piled on top of each other until just a few feet below the surface and without a monument, only a number, to mark the spot.

Kidd has presented evidence which indicates a “decline in the care and dignity of the pauper funeral,” in contrast my evidence shows that this austere picture of pauper funerals was somewhat modified by the decisions taken by the Norwich Union Board of

⁷⁸ Friedrich Engels, *The Condition of the Working Class in England* (Oxford: Oxford University Press, 1993); A. Fried and Richard Elman, eds. *Charles Booth's London* (London: Hutchinson, 1969).

⁷⁹ Charles Dickens, *Oliver Twist* (Stroud: Nonsuch, 2006) 47-48.

Guardians.⁸⁰ On 7 January 1848 the Norwich Union Board of Guardians resolved that “graves of paupers should be not less than five feet deep instead of four feet as heretofore.”⁸¹ In 1857 they agreed “that all paupers buried at the expense of this Corporation be interred on that side of the cemetery requested by their friends, and only in the absence of any request such interment take place on the least expensive side of the cemetery.”⁸² Successive Boards of Guardians of the Norwich Union were consistently generous with regard to the concern they showed towards the families of those requiring a pauper funeral. Complete impoverishment was represented by a total lack of choice over one’s own life - by permitting families to request where in the cemetery the burial took place they were giving them back some dignity.

This decision by Norwich Guardians is testimony to Richardson’s debate about the definition of the terms ‘claimed’ and ‘unclaimed’ in relation to pauper corpses. To be unclaimed was not the same as being unmourned. It has been mentioned that relatives sometimes had to leave the fate of a loved one to the hospital or workhouse officials solely because they could not afford to pay for a funeral. Richardson, working with the returns from 131 London parishes in 1827, has shown that of 4,056 deaths in the workhouses that year 82% could be considered unclaimed under the terms of the Anatomy Act. That is to say the parish buried 3,320 bodies because no one claimed them. However the records show that friends or relatives of the deceased, people who

⁸⁰ Kidd, *State, Society and the Poor*, 118; Hurren and King, “Begging for a Burial,” 328, recent research undertaken by Hurren and King indicates that similar decisions were taken by Guardians of the Hulme Union in north west England.

⁸¹ Norwich Union Board of Guardians Minutes, 7 January, 1848, N/TC 3/3.

⁸² Norwich Union Board of Guardians Minutes, 5 December, 1857, N/TC 3/5.

mourned and cared about the individual but were not in an economic position to actively claim the body, attended 2,161 of these parish funerals. If account is taken of the number of funerals attended by relatives or friends with an emotional attachment to the deceased then only 29%, or 1159 bodies, were unclaimed in the true sense.⁸³ If a relative claimed a body for burial the hospital and workhouse administrators were obliged to hand it over since the law only allowed them ownership and the right to dispose of unclaimed bodies. However the relative had no legal ownership of the body since no one owned another's body except in the specific circumstances named in the Anatomy Act. Therefore it can be assumed that a tacit responsibility fell to the relatives, they had physical but not legal possession of the body solely for the purpose of providing a fitting burial.

By providing pauper funerals, funded by rate-payers, the Guardians were acknowledging that the corpse was economically unclaimed allowing them discretion over its disposal. The resolution to allow families to choose where in the cemetery the funeral took place however indicates their appreciation that the dead person was emotionally claimed and would be mourned even if the family were unable to pay for burial. Further evidence of this benevolent attitude came following the death in the workhouse of William Beatty in Norwich in 1898. Beatty had no one to claim his body for burial and so would have been given a pauper funeral. However it was known that he had been a veteran of the Crimean War and the Guardians were reluctant to see him lie in an unmarked grave. Larking, one

⁸³ Richardson, *Death, Dissection and the Destitute*, 126.

of the Guardians, offered to cover the cost of the funeral and was thanked by the Board “for his public spirited conduct.”⁸⁴

A pauper funeral represented the ultimate disgrace and was feared and loathed and “any and every means by which the poor could raise money was pressed into service in defence of a decent burial.”⁸⁵ To avoid the ignominy of a pauper funeral, significant amounts of money were paid by the poor into burial clubs of various degrees of probity. Chadwick noted that the poor were more willing to save for their funeral than for any other benefit.⁸⁶ However not all categories of the poor could afford to join burial clubs. In these circumstances a pauper burial was not necessarily inevitable. Families and friends could sometimes raise the cost of the funeral by organising a collection in the local public house or amongst their neighbours. Large extended families could all contribute a little towards the cost thus providing a mutually beneficial safety net which, when their turn came, would also save them from a pauper funeral.

Norman Longmate has shown that those most likely to require a pauper funeral were impoverished labourers in rural workhouses and domestic servants in urban workhouses. These groups were likely to be elderly and respectable having worked but on such low wages as to be unable to save for their funeral. Other categories of pauper who were buried by the parish were the disreputable poor, “ex-convicts, broken down tramps and

⁸⁴ Norwich Union Board of Guardians Minutes, 7 December, 1898, N/TC 3/15.

⁸⁵ Richardson, *Death, Dissection and the Destitute*, 279.

⁸⁶ Samuel E. Finer, *The Life and Times of Sir Edwin Chadwick* (London: Methuen, 1952) 382.

the degraded from all walks of life by drink.”⁸⁷ The joining in the grave of the impotent poor with the ‘undeserving’ element was yet another cause for shame for paupers.

The Cost of Pauper Funerals

From a study of the minute books of poor law unions in Norfolk, Suffolk and Cambridgeshire, it is possible to gain an insight into guardians’ attitude towards paupers by their specifications for, and expenditure on, coffins, shrouds and other provisions for pauper funerals. In 1835 the Norwich Union Board of Guardians estimated an annual expenditure of £80 would be required to provide for the funeral expenses of burying those paupers who died in the workhouse and for those on out-relief who died unclaimed for burial. Tenders were submitted and considered annually with contracts usually being granted to the cheapest supplier. The actual expenditure for 1835 was £57 13s 6d, in 1836 it was £20 18s, in 1837, £59 19s 1d and in 1838, £69 3s 4d; always well below the amount set aside.

Shortly after its formation in 1836 the Guardians of the Blofield Union workhouse situated in the village of Lingwood to the east of Norwich advertised in the local newspapers for a supplier of coffins. The advertisement set out that the coffins were required to be made of “good, sound red memel deals.” The Board would pay 10s for a coffin over four feet in length with the planks being one inch thick. Between two and four feet long the coffin was to be made of wood three-quarters of an inch thick and the

⁸⁷ Longmate, *The Workhouse*, 150.

price offered was 6s 6d. If the coffin was for an infant and under two feet in length they would pay 3s 6d and it could be constructed of planks just half an inch thick. They further specified that the coffin should be planed smooth on the outside and coated with pitch on the inside.⁸⁸ It is unusual to find a union stating in an advertisement what they were prepared to pay for an item, more usually an advertisement asked for tenders.

At the Great Yarmouth Union Board of Guardian's meeting on 8 June 1837 it was agreed that advertisements would be placed in a Suffolk newspaper and two Norfolk newspapers and also one hundred hand bills would be given out in the Parish inviting people to tender for the supply of coffins for the workhouse. They specified that the coffins were to be made of three-quarter inch elm or red wood deal, the heads and feet of the coffin to be one inch thick. They also had to be delivered when and where required within the boundaries of the Parish since they were to be used for both indoor and outdoor pauper funerals.⁸⁹ The successful applicant was Mr Panchen who is recorded as supplying coffins to the workhouse for twenty-four consecutive years despite others trying for the tender during that time. By 1841 Panchen was being paid 5s per coffin over two feet in length and 2s if it was less than two feet. During 1841 he received a total of £17 4s for supplying coffins to the Union.⁹⁰

⁸⁸ Serreau, *Times and Years*, 56.

⁸⁹ Great Yarmouth Union Board of Guardians Minutes, 8 June, 1837, Y/WE 69.

⁹⁰ *Ibid*, 20 December, 1838.

In Great Yarmouth the price of coffins steadily increased so that by 1861 Panchen was receiving 8s for an adult coffin and 2s 6d for a child's.⁹¹ The workhouse records until 1861 only show the prices paid for coffins and shrouds. When the next set of existing records are examined for the years 1889 – 1891, the cost of burial had been broken down into three categories; the coffin, burial fees and the cost of a funeral superintendent, one Lincoln, who was already a workhouse employee in some unspecified capacity.⁹² It was his responsibility to take care of the corpse from the point of death until the burial was completed. His salary for this job was based on the number of funerals that took place and between 1889 – 1891 he averaged £3 10s a year. By 1889 Mr Matthews was supplying the coffins for which he charged 5s 4d per adult coffin and 1s 3d per child, however to undercut a rival tender in 1891 he reduced his price to 5s per adult coffin and 1s per child.⁹³ The element of competition for the workhouse tender to supply coffins would seem to indicate that even at 5s a coffin, half what the Blofield Union had paid fifty years earlier, there was a reasonable profit to be made from pauper funerals. In total Great Yarmouth Union paid £59 3s 4d in 1889, £66 9s 2d in 1890 and £78 1s 1d in 1891, for around eighty burials a year giving an average total cost of between 10s and 15s per burial.⁹⁴

It can be seen from Table 6.3 that there was a considerable difference in the price of coffins supplied to poor law unions both geographically and over time. Coffins were

⁹¹ Great Yarmouth Union Board of Guardians Minutes, 1840 – 42, Y/WE 70.

⁹² Great Yarmouth Union Board of Guardians Minutes, 21 June, 1861, Y/WE 71.

⁹³ Great Yarmouth Union Board of Guardians Minutes, 1889 -1891, Y/WE 72.

⁹⁴ Ibid; Norwich Union Workhouse Ledger, 1872, N/T 11/22, Norfolk Record Office, Norwich. The average cost of a pauper funeral in Norwich in 1872 was 9s 3d. See Hurren and King, "Begging for a Burial," 331 for the cost of coffins in Hulme.

Table 6.3 Average cost of adult coffins

Union	1830s	1840s	1850s	1860s	1870s	1880s	1890s	1900s
Norfolk								
Great Yarmouth	5s 6d	5s 0d		8s 0d		5s 4d	5s 0d	
Norwich			7s 0d					
Blofield	10s 0d							
Suffolk								
Wangford					10s 0d		13s 0d	11s 6d
Shipmeadow							13s 0d	
Beccles							13s 0d	11s 6d
Bungay								
Cambridgeshire								
Cambridge					15s 0d	16s 0d		

Source: Great Yarmouth Union Board of Guardians Minutes, Y/WE 69 – 72.
Norwich Union Board of Guardians Minutes, N/TC 3/58.
Wangford, Shipmeadow, Beccles, Bungay Unions Board of Guardians Minutes, 36/AB1/79, 88, Suffolk Record Office, Lowestoft.
Cambridge Union Board of Guardians Minutes, G/C/AM/25, C/C/AM25, Cambridgeshire Record Office, Cambridge.

heavy and difficult to transport any distance and so guardians awarded contracts to local carpenters. In rural unions there was little competition for tenders and fewer coffins required so prices were relatively high. In Great Yarmouth there was always competition for the tender which served to keep prices low and explains the reduction in price towards the end of the century when two men, Matthews and Cocknell, kept undercutting each other to obtain the workhouse contract. What stands out is the high cost of coffins in

the Cambridge Union. Further analysis is required of the Cambridge Union records but it would seem likely that this fee included extras such as the shroud and transportation to the cemetery, factors which are listed separately in the other union records.⁹⁵

For unions which did not have a burial ground adjacent to the workhouse a means of transporting the corpses had to be found. This could be cheaply done on a simple handcart but at Blofield the Guardians considered it “unpleasant to meet with a corpse upon the road” being taken to the churchyard in such a manner. They paid £12 to purchase a second hand hearse and also brought a pall to cover the coffin and preserve decency.⁹⁶ Until 1891 Norwich Union also used a hand hearse but then it was proposed that a horse drawn hearse should be purchased. The new hearse was primarily to be used for the conveyance of deceased paupers. However to ensure that the investment was fully utilised it was further suggested that the hearse could be used “for the conveyance of bread on Tuesday and Wednesday...for the conveyance of lunatics to and from the Asylum at Hellesdon and as an extra cab for the use of the Relieving Officers.” However when the full Board met this plan was rejected. Instead it was agreed that a plain horse drawn hearse would be hired when required for a funeral and that to buy and maintain a horse for the other proposed uses would have been an unnecessary expense.⁹⁷

Evidence would therefore seem to show that guardians in many unions were concerned more to provide a decent funeral for paupers; a shroud, a simple but adequate coffin,

⁹⁵ Cambridge Union Board of Guardians Minutes, 1872 – 1896, G/C/AM/25 – 34.

⁹⁶ Norwich Board of Guardians Minutes, 9 March, 1891, N/TC 3/13.

⁹⁷ Norwich Union Board of Guardians Minutes, 9 March 1891, N/TC 3/13.

some decorum in the transport of the coffin and burial in consecrated ground than with providing the cheapest possible funeral. It is generally assumed that families allowed the parish to provide a pauper funeral because they had no money to spend to bury their relative. However the Blofield Union Guardians discovered that in some cases the families of inmates accepted the basic pauper funeral of coffin and hearse from the union and then paid the undertaker for extras. In that way, for example, the plain deal coffin could be embellished with fancy handles or even a nameplate. To try to prevent money being 'wasted' in this way the relieving officers were told to inform the undertakers that if they accepted additional money from the families then the Guardians would pay nothing for the funeral leaving them to try to get the full cost from the family or friends of the deceased.⁹⁸ This desire to 'improve' on the basic pauper funeral has also been identified by Hurren and King in their work on the contrasting unions of Hulme and Brixworth.⁹⁹

In an attempt to offset some of the cost of pauper funerals any belongings of value could be claimed by the union at death. When Barney Collins was buried by the Wangford Union in Suffolk, it was discovered that he had left money amounting to £10 6s 4d with members of his family. The Guardians recouped the cost of the funeral from Collins' son-in-law and claimed a further £5 4s from his son to cover the cost of all the relief they had given him.¹⁰⁰ It was routine for the Great Yarmouth Union to receive applications from relatives for the clothes of the dead. If the family had provided for the funeral then

⁹⁸ Serreau, *Times and Years*, 56.

⁹⁹ Hurren and King, "Begging for a Burial," 339.

¹⁰⁰ Wangford Board of Guardians Minutes, 8 November, 1871, 36/AB1/79.

the workhouse sent them the clothes however if the union had paid for burial then they retained the clothes to offset the costs incurred.¹⁰¹

Guardians of the Poor

Graeme White notes that guardians received neither pay nor expenses for the work they did. To serve on a board of guardians was perceived as a civic duty and for some a stepping stone to higher office.¹⁰² Election to a poor law board was often the first civic appointment undertaken and whilst some guardians, for example shopkeepers and businessmen, were familiar with government paperwork for others it was their first contact with the novel world of government agents and official bureaucracy. The NPL did not set down specific rules for guardians other than requiring them to work in conjunction with the commissioners of the poor and being responsible for appointing and supervising the paid officials who dealt with the day to day concerns of administering poor relief. However guardians were continually badgered by central government officials who sent directives to boards of guardians. The poor law authorities required numerous facts to be collated, forms filled in and quarterly returns supplied by guardians, inspectors of anatomy and by poor law inspectors who attended board meetings and reported on the efficiency of the workhouses to the Poor Law Commission.¹⁰³ To understand how guardians reacted to these pressures I shall consider the composition of the boards of guardians in several East Anglian unions and how

¹⁰¹ Great Yarmouth Union Workhouse Master's Report Book, 1869 – 1871, Y/WE 298, Norfolk Record Office, Norwich,

¹⁰² White, *In and Out of the Workhouse*, 5.

¹⁰³ Driver, *Power and Pauperism*, 28-29.

changes in board membership influenced the way they dealt with paupers both before and after death.

Cambridge Union workhouse had been a source of cadavers for the anatomy school of Cambridge University since shortly after the Anatomy Act was passed but it was not until 1872 that Humphry made his first appeal to the Guardians at Ipswich and Norwich who, as has been seen, both eventually refused to send corpses for dissection. Further appeals made to them during the rest of the century were also unsuccessful. In Great Yarmouth the decision was taken to supply Humphry with corpses by the Board of Guardians in 1881, a decision reappraised following a scandal in 1901 (see below).

It has been suggested by welfare historians that guardians were more inclined to acquiesce to a request to supply the corpses of unclaimed paupers for dissection where they were removed from direct contact with the poor and concerned more with maintaining low contributions for rate-payers.¹⁰⁴ The evidence presented in Table 6.4 would seem to contradict this position.

In the Norwich Union where 65% of the Guardians in 1883 were either gentlemen, professionals or businessmen and just 11% artisans or small shopkeepers the decision was not to send unclaimed corpses to Cambridge for dissection. In Great Yarmouth where 33% of the Guardians from lower social classes themselves (artisans and shopkeepers), who may be expected to have had a more intimate knowledge of the

¹⁰⁴ Digby, *Pauper Palaces*, 162; Driver, *Power and Pauperism*, 66.

Table 6.4 Occupational Structure of the Norwich and Great Yarmouth Union's Board of Guardians 1883

Occupation	Norwich	% *	Great Yarmouth	% *
Gentlemen/Landowners				
Householders.	10	22	0	0
Clergy	4	9	1	4
Professionals	8	18	6	25
Businessmen	11	25	5	21
Shopkeepers	6	13	3	12
Artisans	5	11	5	21
Unknown	1	2	4	17
Total	45	100	24	100

* To the nearest whole number.

Source: *Yarmouth Gazette*, 1881; White, *White's Directory*, 1883; *Directory of Norwich*, (Norwich: J. J. Hamilton, 1879).

circumstances which could reduce the poor to the status of poverty through no fault of their own, voted to supply cadavers. However, as will be seen, the requirement to maintain a low profile for body trafficking was clearly understood by the Board, and secrecy was taken to such limits that subsequent Guardians were completely ignorant of the trade taking place from their workhouse. The Cambridge Board of Guardians were similarly composed to the Norwich Board and following a long tradition continued to

send corpses to the anatomy school throughout the 1880s.¹⁰⁵ Whereas the Ipswich Union Board more closely resembled the Great Yarmouth Board with around a third of its Guardians being shop keepers or artisans and yet they never supplied corpses for dissection. This evidence suggests that the social composition of boards of guardians was not the deciding factor when guardians voted over whether or not to supply corpses from their union. Rather the key element was public opinion and the need to be seen to be applying the NPL fairly and humanely.

If all unclaimed corpses were made available to anatomists then unions could be relieved of all the cost associated with burial. It became the responsibility of the anatomist to provide a coffin, pay transportation costs and arrange the burial of the corpse once it had been dissected. Anatomists in their turn recovered these costs from the fees they charged their students. As seen in Chapters 3, 4 and 5 pressure was maintained on guardians by regular approaches from anatomy inspectors and teachers of anatomy for them to supply unclaimed corpses. In 1843 Alcock considered “that the expense of burial, for paupers who may die without friends, is too trifling to weigh with the guardians,” he added that the Anatomy Act made no provision for a fee to the parochial authorities for the administration involved in ‘processing’ a body for anatomy purposes. It was his opinion that the Act could not work unless there was some financial inducement for the workhouses to tip the balance since there was “a very prejudice” against the dissection of the poor in society and amongst workhouse and parish officials. “The repulsive

¹⁰⁵ Burial Records of St. Benedict's, Cambridge, 1880 – 1889, P25/1/21, 22.

details of the dissecting-room...excite disruption, alarm the timid and rouse the ignorant and the prejudiced, in order to diminish or interrupt the supply.”¹⁰⁶

Alcock's view prevailed in those unions which had few cadavers to dispose of and across a wider number at times of economic prosperity. But, as Hurren argues, selling pauper cadavers to anatomists was an effective way of reducing poor law spending for any union and at times of agricultural or industrial crisis many unions adopted this course even if they had previously buried their own paupers.¹⁰⁷ It can be seen that some guardians could be induced to provide corpses for anatomical study through a strict adherence to NPL regulations or as a result of a coercive approach by individual anatomists.

From Somerville to Pickering Pick, nineteenth century inspectors of anatomy for the provinces attempted, with varying degrees of success, to develop a close working relationship with poor law guardians, providing an official endorsement of the anatomist's request for cadavers.¹⁰⁸ As seen in Chapters 3 and 5 their role was to reassure guardians that by allowing the unclaimed poor from their workhouse to be used in anatomical schools they were acting as 'modern' men, advancing scientific knowledge to the benefit all of society, but especially the poor.¹⁰⁹ It was necessary to keep reinforcing this message to maintain a supply of corpses because of the regularity

¹⁰⁶ Home Office Correspondence, Alcock to Phillipps, 7 November, 1843, HO45/189.

¹⁰⁷ Hurren, *Protesting About Poverty*, 249. Hurren considers relocation of paupers into alternative Unions as the foremost method of financial saving.

¹⁰⁸ Anatomy Office Correspondence, Professors Paget, Humphry and Macalister to Poor Law Guardians, 1 March, 1884, MH74/36.

¹⁰⁹ Home Office Correspondence, John Bacot to Union Boards of Guardians, 14 October, 1851, HO45/3618.

with which guardian elections took place. Each new board could mean a change in the decision to send paupers for dissection. This became of even greater concern to inspectors and anatomists following the Local Government Act (1894) which established one-man-one-vote for poor law and parish council elections. The democratisation of union elections resulted in the gradual appearance of members of the labouring class on boards of guardians which together with women guardians led anatomists to fear that established supplies of corpses would cease.¹¹⁰

Another predictor of the willingness of guardians to supply cadavers might be their consideration for paupers which can be measured in the benefits they provided for inmates over and above the daily routine, dietary and medical care stipulated by central directives. In the Norwich Union Guardians provided medical officers who were fully qualified several years before it became compulsory following the 1858 Medical Act. Their medical bill was higher than the national average, due, they reported, to their requirement for “speedy attendance on the sick poor by a high class of medical officers, and the best medicine that can be provided for them.”¹¹¹ When one of their medical officers requested that he did not have to attend midwifery cases when sent for by midwives he was told by the Guardians that he *must* attend such cases unless he chose to rescind his position in the union. In no uncertain terms the board made it clear that his post in their union covered all necessary medical care and he could not ‘neglect’ a section of the needy poor because he was not inclined to help them.¹¹² In serious cases

¹¹⁰ *Times*, 22 November, 1889, 10, col., c.

¹¹¹ Norwich Union Board of Guardians Minutes, 1 August, 1845, N/TC 3/4.

¹¹² Norwich Union Board of Guardians Minutes, 2 February, 1858, N/TC 3/5.

of ill health or for those requiring surgery paupers were sent to the NNH by the Norwich Union Guardians.

Provision for the elderly in Norfolk was, it has been suggested, “characterized generally by a humane consideration for old people’s needs.”¹¹³ On top of the standard dietary they were awarded additional tobacco for the men and tea for the women and permitted greater contact between husband and wife than that accorded to younger couples. In some workhouses, such as Gressenhall in the Mitford and Launditch Union, separate cottage accommodation was made available to the elderly. In the Norwich Union the ‘deserving’ elderly were housed either in a row of cottages separate to the main building or in wards and day rooms with a superior level of comfort to that found in the rest of the workhouse. Joseph Lynes tried to develop a similar system in the Blofield workhouse just to the east of Norwich where he was a guardian but the rest of the Board insisted on maintaining the strict segregation rules even for the elderly, a harsher but more economical decision.¹¹⁴

The unions considered here all represent urban areas within greater rural hinterlands. To evaluate the contrast between urban and rural unions in Norfolk, Suffolk and Cambridgeshire would require detailed research of over fifty poor law union records and remains outside the scope of this thesis.

¹¹³ Digby, *Pauper Palaces*, 163.

¹¹⁴ Serreau, *Times and Years*, 174.

Great Yarmouth Poor Law Union Scandal 1901

The variation in response to the care of paupers so far discussed points to the complexity of the issues which governed the application of the NPL and the Anatomy Act, and indicates that the central governments' aim of establishing universal provision for paupers was not and could not be effectively delivered whilst guardians were free to administer it as they saw fit.¹¹⁵ However, we need to be aware that the bureaucracy of the poor law at the local level was not always efficient either. As Englander has stated "each workhouse was a world unto itself" where masters and matrons could go "unsupervised by the guardians by who they were appointed."¹¹⁶ It has been shown in Chapter 5 that in East Anglia the supply of cadavers for the Cambridge Medical School was erratic and only through the perseverance of successive professors of anatomy in widening their search for unions willing to supply them could the medical school flourish.¹¹⁷ Previously the cases of the Cambridge Union, which regularly supplied corpses, and the Norwich and Ipswich Unions which refused to supply paupers for dissection, have been discussed. In these unions it appears to have been the case that once the guardians had made their decision all members of the workhouse staff abided by it. Yet actions did not necessarily reflect the views of the guardians, especially as the boards were regularly replaced at elections. What actually happened in workhouses on a

¹¹⁵ For a full discussion of the changing composition of Union boards of guardians in the late nineteenth century see *The Times*, 22 November, 1889, 10, col., c; Hurren, *Protesting About Pauperism*, 175 – 181; Biggs, "Work of Women," 386-395; King, "We Might be Trusted," 27-46; Lees, *Solidarities of Strangers*, 231-232.

¹¹⁶ Englander, *Poverty*, 35.

¹¹⁷ Between 1832 and 1905 Cambridge Medical School received corpses from forty-eight poor law Unions. Twenty-four of these were in Norfolk, Suffolk and Cambridgeshire which together provided 50% of the corpses Cambridge used. The twenty-four Unions represented 42% of the total number of Unions in those three counties.

day to day basis could be open to abuse as shown in the case of the Great Yarmouth Union where the provision of corpses for dissection continued for twenty years without the knowledge of successive Boards of Guardians until a public scandal erupted in 1901.

On 3 June 1881, the Guardians of the Great Yarmouth Union workhouse agreed to grant the request made by Professor Humphry of Cambridge Medical School and supply him with any future unclaimed corpses for the purpose of anatomical examination.¹¹⁸ Twenty years later in May 1901 a scandal broke in Great Yarmouth when the local newspaper carried a report, 'Alleged Traffic in Pauper Corpses – How the Medical Schools are Supplied – The Shadow of a Scandal.'¹¹⁹ It seemed that the 1901 Board of Guardians were generally unaware that any of their paupers were sent for dissection, believing them all to receive burial in the town cemetery. On 11 April a pauper, Frank Hyde, died in the workhouse and the Master, William Blyth, recorded in the Discharge Book that he had been taken for burial by friends on the 16 April. However it was discovered that his body had not been interred in the cemetery and this resulted in a public outcry. John Headley, one of the Guardians, took up this case and gave notice to the Board that he intended to discover whether the bodies of paupers from Great Yarmouth had been sold for profit. Headley was assiduous in his investigation revealing that Blyth had received a cheque for £6 14s 6d for Hyde's body from Macalister at Cambridge which he passed to his clerk, Adams, to expend thus: - "railway fare 89s, shroud 3s 6d, coffin 21s, funeral superintendent 1s, assistance 10s, telegrams, &, 10s." In a laboured analysis of this

¹¹⁸ *Yarmouth Advertiser and Gazette*, 11 May, 1901, 6, col., c. Elizabeth Hurren wrongly dates this decision to 1885 and suggests it is in response to the increased number of individuals requiring a pauper funeral following the Medical Relief (Disqualification Removals) Act of that year.

¹¹⁹ *Yarmouth Advertiser and Gazette*, 11 May, 1901, 6, cols., c – f.

account, Headley found that the money had not been spent as recorded. The 10s for “telegrams, &,” was a mysterious item. He said he did not know what the “&” included, but he considered that a very large number of telegrams must have been sent to mount up to 10s. The cost of sending a body to Cambridge was £4 6s not £4 9s so that left a balance of 3s unaccounted for. Matthews, the coffin maker, had informed him that he only received £1, not £1 1s for the coffin. And out of that he paid Adams 1s, Adams telling him that it was for “assistance” in removing the body. A further sum of 6d was paid by him to a man named Mason, who worked in the shoemaker’s shop in the House, also for assisting to remove the body. The superintendent of funerals informed him that he had never received his 1s. In all, Headley declared that a sum of 15s was unaccounted for, and said that if the Master had given the cheque for £6 14s 6d to Adams then Adams must have made 15s clear profit out of the transaction. He claimed to have proved in this way that the body had actually been “sold” because a profit had been made out of it.¹²⁰

Between 1881 and 1901 twenty-nine corpses were supplied to Cambridge from Great Yarmouth. As can be seen in Table 6.5 most were male and over fifty years old. Each of these were recorded as having been buried by the union in Great Yarmouth; all of them were actually buried by the anatomical school in Mill Road Cemetery, Cambridge.¹²¹

Over that time Humphry and Macalister had reimbursed the workhouse for the expenses incurred in supplying corpses and now this financial arrangement was at the crux of the matter. It seems that a majority of the Guardians accepted the need for pauper corpses to

¹²⁰ Ibid.

¹²¹ Burial Records of St. Benedict’s, Cambridge, 1881 – 1906, P25/1/21, 22.

**Table 6.5 Corpses supplied to Cambridge Medical School from Great Yarmouth
Union workhouse 1881 – 1901**

Year	Male	Age	Date of Burial	Female	Age	Date of Burial
1881	Richard Risling	76	16 Dec			
	Edward Vickery	50	16 Dec			
1882				Charlotte Plummer	84	22 Feb
	George Nicholls	28	18 Mar			
1885	Thomas Smith	69	20 May			
	John Simmons	80	2 Sept			
1886	Frederick Gale	19	10 Mar			
	Thomas Ringe	31	10 Nov			
				Elizabeth Garrod	87	15 Dec
1887	William Ray	30	2 Feb			
1888	Kennady Miller	52	29 Feb			
1889	Benjamin Good	67	15 Nov			
1890	John Wooldridge	71	23 May			
	James Wilson	43	27 June			
1894	William Jones	65	1 Sept			
1895	William Burrell	55	18 May			
1896	James McKay	52	15 Feb			
				Louisa Frewer	69	2 May
	James Goulding	92	25 June			
	Martin Bennett	58	22 Dec			
	Harry Morris	30	22 Dec			
1899	Frederick Crackwell	78	14 Jan			
	Arthur Middleton	33	6 May			
1900	William Sharman	63	24 Feb			
				Rachel Davy	82	7 July
	Thomas Taylor	64	13 Oct			
	William Ogden	90	24 Nov			
1901	George Williams	23	29 June			
1902	Frank Hyde	50	8 Mar			

Source: Burial Records of St. Benedict's, Cambridge, 1881 – 1906, P25/1/21, 22.

be used for medical education and had no moral objection to using those from the Great Yarmouth Union so long as they really were unclaimed or had agreed prior to death to be

used in such a way. It appears that most of them were unaware of the 1881 resolution, and Hurren informs us that “guardians often had no knowledge of the anatomical arrangements during their term of office” because of the regularity with which elections took place. It seems likely that this was due to the sensitive nature of a highly controversial policy. It was not considered to be in the interest of the union’s employees or the teachers of anatomy to draw attention to the policy and rather they allowed an established practice to continue unquestioned.¹²²

Following the Guardians’ investigation into the Hyde case their report concluded:

That the bodies had been sent to Cambridge for dissection without the knowledge of all the members of the previous board. That the Officials of the workhouse had acted pursuant to a resolution of the Board adopted in 1881. This had been acted upon continuously from then up to the present time. That certain officials, not including the Master, received remuneration from Professor Macalister (of Cambridge) for their services. That with regard to the only case investigated, sufficient outside enquiries were not made to ascertain whether the dead person had any relatives or friends living. That in this case, the Master was misled by the statement made by the deceased person himself that he was single, and had no relatives, and did not wish to see any of them, although asked by the nurse just previous to his death. That

¹²² Hurren, “A Pauper Dead House,” 90.

no bodies had been sent away from the Workhouse for dissecting purposes other than those accounted for.¹²³

Headley wanted Adams and the workhouse porter, Hurrell, to be severely reprimanded by the Board for their part in the shipment of corpses to Cambridge. Hurrell was responsible for seeking out relatives of deceased paupers and had claimed that Hyde had no relatives. However Headley had discovered that Hyde belonged to a fairly respectable family but did not want his people to know that he was in the workhouse. He was a wire-worker by trade, well-known to many tradesmen in Yarmouth, and Hurrell could have found out all about him simply by asking the relieving-officer who had given Hyde his ticket of admission to the workhouse. So Hurrell had deliberately neglected his duty, and received 6s 6d without doing anything to earn it.¹²⁴

Throughout the investigation the public were kept informed by verbatim reports of the Guardians' meetings in the local paper. The issues surrounding dissection were as complex in 1900 as they had been in 1832. It was known that in general people did not like to consider human corpses being dismembered by students and the issue could be a vote loser at election time. One of the Guardians stated that "dissection was, no doubt, a very desirable practice, but popular sentiment was against it." He reminded the Board that every member of the Norwich Union Board who had supported the practice in 1872 had lost their seat at the next round of elections.¹²⁵ Despite this warning the 1901 Great

¹²³ *Yarmouth Advertiser and Gazette*, 15 June, 1901, 5, col., d.

¹²⁴ *Ibid.*

¹²⁵ *Ibid.*

Yarmouth Board of Guardians voted to continue with the practice of sending unclaimed corpses to Macalister at Cambridge for use in the medical school.¹²⁶ A letter from Macalister to the Board in August that year shows that he believed the arrangement would be on-going and yet Hyde's corpse was the last ever recorded as being sent from the workhouse for dissection.¹²⁷ This raises questions over the Guardians' motives for deciding to continue supplying corpses. The vote was nine for supplying corpses, four against and one abstention. Of those in favour four were councillors and it would seem that they were not particularly concerned about losing favour with the electorate by their decision. Another, John Goode the landlord of the Regent Tavern, stated "that personally he had strong reasons for approving of the supply of dead bodies to schools of surgery, for he owed his life to the skill with which a surgical operation was performed upon him a few years ago."¹²⁸ The only thing that all the Guardians seemed to agree on was that all future transactions should be properly recorded so that no longer could any individual make a profit from the 'sale' of corpses. It appears that the decision of the Great Yarmouth Union Guardians was based on three premises; they were working within the legal framework of the Anatomy Act, they supported the need for human dissection in medical education and there was a strong sense of exasperation toward Headley for making such a public fuss over the matter of a small financial discrepancy which could have been dealt with privately.

¹²⁶ *Yarmouth Advertiser and Gazette*, 13 July, 1901, 2, col., c.

¹²⁷ *Yarmouth Advertiser and Gazette*, 10 August, 1901, 6, col., a. I have examined all the records of burials of anatomised corpses from Cambridge Medical School until 1922 and there are no further entries from Great Yarmouth workhouse.

¹²⁸ *Yarmouth Advertiser and Gazette*, 11 May, 1901, 6, col., e.

At no time during the twenty-one years that corpses were recorded as being received at Cambridge from the Great Yarmouth workhouse were there ever more than five sent in any one year, the average being less than two. It is likely that having made the point that there was no scandal at their workhouse and that the Guardians were acting according to the law and could be trusted to continue to do so, they simply let the matter drop. The financial savings to the workhouse of supplying less than two corpses a year were insignificant and not worth the effort. Many economically unclaimed corpses were buried in the town cemetery and it was easier to place the occasionally truly unclaimed corpse there as well.¹²⁹

Conclusion

It has been shown that boards of guardians had to decide between allowing unclaimed pauper corpses to be used for the teaching of anatomy or to provide them with a funeral paid for out of rates levied from within their union. From the evidence presented it can be concluded that the major influence affecting that decision for guardians in East Anglian unions was the effect of public opinion. Guardians were placed under pressure from professors of anatomy and encouraged by inspectors of anatomy to supply corpses with reassurances that they were acting within the law and for the greater good of all by making human corpses available for dissection. Despite appreciating the logic of such appeals guardians were mindful of how the electorate would react to the knowledge that

¹²⁹ Register of Burial Great Yarmouth New Cemetery, 1902 – 04, (microfiche), Norfolk Record Office, Norwich. In 1903, 106 pauper funerals were paid for by the Great Yarmouth Union for paupers receiving either indoor or outdoor relief. Although records are not available for 1881 – 1901 it can be reasonably assumed that similar numbers received pauper funerals during those years.

paupers from their local workhouse were to be dissected. Even when initially in favour of supplying corpses, boards of guardians could change their minds following adverse reports in local newspapers. Those who were members of relatively small communities were ever mindful of their elected position. However some unions were successfully recruited by anatomists as suppliers of corpses. Usually this meant large union workhouses with many itinerant inmates; unions whose guardians applied the NPL assiduously ¹³⁰ or unions geographically located close to a medical school where the supply of corpses could be sent undetected by the public. ¹³¹ In these cases once the supply route had been established, and Humphry and Macalister took great care to see that the transportation of corpses was carried out in a manner designed not to draw attention to the 'goods' being transported, it could continue for many years. So much so that, as seen at Great Yarmouth, the Master and his subordinates oversaw the arrangements and new guardians were not necessarily aware of the process until something went wrong.

In her study of London workhouses in 1829, Richardson found that almost 30% of all pauper deaths were unclaimed according to the official definition of the word. ¹³² For such workhouses the savings to be made by allowing medical schools to provide for burials were considerable. However in smaller urban unions or rural ones remote from

¹³⁰ Burial Records of St. Benedict's, Cambridge, 1881 – 1906, P25/1/21, 22; Hurren, *Protesting About Pauperism*, 10. The Board of Guardians at Myton workhouse, Hull was one of what Hurren referred to as the forty-one 'crusading' Unions which wished to reduce Poor Law expenditure during the late nineteenth century. Between 1885 – 1906 they supplied Cambridge Medical School with 336 corpses.

¹³¹ Burial Records of St. Benedict's, Cambridge, 1881 – 1906, P25/1/21, 22. See for example Chapter 5 where it was shown that Cambridge Union workhouse supplied seventy-four corpses to the nearby medical school.

¹³² Richardson, *Death, Dissection and the Destitute*, 126.

centres of medical education such financial considerations were less important and led to the view that it was not worth the risk of public approbation to supply just one or two cadavers a year to the anatomists. This was the reason given by the Guardians in Ipswich in 1872 when they refused to send unclaimed corpses to Humphry at Cambridge.

However if we look at the Register of Death for the Ipswich Union for the decade following this refusal it can be seen that between 1872 and 1881, 472 paupers died in the workhouse. Seventy-five bodies were claimed by family or friends for burial leaving 397, or an average of almost forty unclaimed corpses a year which could legally have been dissected.¹³³ These figures bring Richardson's discussion of economically versus emotionally unclaimed into sharp relief. If the claim of the Chairman of the Board was correct then the implication is that virtually all pauper funerals supplied in the Ipswich Union fall into the category of those which were emotionally claimed, but by families too poor to pay the funeral expenses.

A similar result, but for different reasons, prevailed in the Norwich Union at the same time. In Chapter 5 it was shown that after initially agreeing to Humphry's request for cadavers the Guardians quickly reversed their decision. A campaign was launched by Guardians who considered the act of dissection of the poor in their care as morally repugnant and fought to have all sick paupers in the workhouse fully informed of their rights to refuse dissection under the law. That they were reflecting the mood amongst rate-payers in Norwich became apparent when in subsequent elections those Guardians who had been in favour of dissection for unclaimed paupers lost their seats. Between

¹³³ Ipswich Union Register of Deaths, 1836 – 1884, DD1/44/3/1, Suffolk Record Office, Ipswich.

Humphry's initial request being granted and the motion rescinded thirty-five deaths occurred in Norwich workhouse, three were claimed for burial by relatives and the other thirty-two were provided with a pauper funeral, not one of them was sent to be used for dissection.¹³⁴ The reality of a pauper funeral was stark; a rough coffin in an unmarked communal grave, but for thousands of the poor who mourned their dead even that was preferable to the utter loss and destruction of dissection and interment in a grave far removed from their native parish.

¹³⁴ Norwich Union Register of Deaths, 1836 – 1872, N/GP 1/79, Norfolk Record Office, Norwich.

Chapter 7

Conclusion

“There is always a gap between central policies and local realities.”¹

From the moment Warburton and his supporters first raised the question of providing a legal framework within which to supply corpses for use in anatomical studies there was the confident expectation that the abominable practice of bodysnatching would cease, the dead would lie safe in their graves and that all anatomy schools would have a legal, abundant supply of anatomical material with which to teach medical students. Central policy, administered by government inspectors, was expected to put an end to the need for any further debate on what was always considered a controversial issue. However, as Miles Ogborn has shown in his study of *Inspectors of Factories*, central policies do not necessarily transform into local realities.² Potentially there were enough bodies of the unclaimed poor in workhouses and hospitals to satisfy the demand for dissection and so, in legislative terms, the matter could be considered resolved. And yet, as we have seen time and again in previous chapters, the overriding issue following 1832 was the constant struggle to access sufficient corpses under the terms of the Act to satisfy the high demands of teachers of anatomy and their students. The report of the Select Committee on Anatomy (1828) had indicated that each medical student would need to

¹ Ogborn quoted in Driver, *Power and Pauperism*, 9.

² Ogborn, “Local Power,” 215-226.

have access to at least three corpses during his period of study.³ The point to note here is that although, for various reasons which will be discussed below, both London and provincial medical schools managed to teach anatomy successfully throughout the nineteenth century with fewer corpses than the Committee had recommended, anatomy teachers remained perpetually dissatisfied with the number of corpses they received. The legislation had raised their expectations to a level which, as can be seen from Anatomy Office records, could not be met by government agencies.⁴ As seen in Chapter 5 this led teachers to investigate local arrangements to attempt to make up the shortfall.

Throughout this thesis I have shown that the Anatomy Act, although fundamentally unchanged for 150 years, was not the panacea the 1832 government had expected it to be. The Act was permissive. Unclaimed corpses *could* be dissected but the law granted paupers the power to choose *not* to allow their remains to be used for anatomical purposes. Evidence has been presented, especially in Chapter 6, which indicates that the majority of the poor were prejudiced against dissection and it can be assumed that if they had been aware of the opt-out clause then most, if not all, paupers would have refused to allow their corpses to be dissected. How were inspectors of anatomy to overcome this problem and ensure that bodies were made available to anatomy schools and so prevent the Anatomy Act failing from the very start? Simply by trusting that guardians of the poor throughout the country, who were granted ownership of unclaimed corpses, would be supportive of the Act. In many instances this strategy worked and in London, under

³ Report of the Select Committee on Anatomy, 4.

⁴ For example, Anatomy Office Out-Letters Book, 1842 – 1879, Humphry to Cursham, 28 September, 1853, MH74/10; Anatomy Office Correspondence, 1834 – 1890, Teachers and students of the University of Durham College of Medicine to Home Secretary, 24 May, 1886, MH74/36.

Somerville, an average of 538 pauper corpses a year were dissected between 1832 and 1842, a figure comparable with that supplied by bodysnatchers in the years preceding the passing of the Act.⁵ In other areas of Britain with high pauper populations or a significant number of itinerant paupers a reasonable supply of corpses for anatomists could also be achieved.⁶ However for rural unions, particularly in the southern half of Britain, the local reality could be significantly different. As discussed in Chapter 6 in East Anglia, for example, successive boards of guardians of the Norwich Union in Norfolk remained consistent in their determination to inform paupers resident in their workhouse of their right to refuse dissection, whilst guardians in the Ipswich Union made the decision on behalf of their paupers by refusing to supply any corpses at all. Central policy could be and was thwarted by actions taken under the authority the law placed in the hands of local officials. It is likely that the supporters of the Anatomy Act in parliament had not considered that those in local government would not wholeheartedly support their views. The only way that legislators could have been sure that the Anatomy Act would have fulfilled their aims was to have made it mandatory for unclaimed pauper corpses to be sent to anatomical schools for dissection, anything short of that allowed too many factions with vested interests to work to undermine its success.

⁵ Richardson, *Death, Dissection and the Destitute*, 245.

⁶ Figures from Cambridge Medical School would indicate that Hull, Manchester, Doncaster and Brighton fell into this category. See Burial Records of St. Benedict's, Cambridge, 1881 – 1906, P25/1/21 – 22.

Participants in the Anatomy Act

As this thesis has shown, several groups were responsible for the shaping and working of the Anatomy Act. The relationships between the groups are complex, shifting over time. The following discussion will review the role played by each group, exploring their relative power and ultimately indicating which, in my opinion, was the most significant in determining the outcome of the Anatomy Act in the eastern counties of Norfolk, Suffolk and Cambridgeshire. When assessing the success of the Anatomy Act earlier authors have tended to base their judgement on a rather narrower approach than the one I have adopted in this thesis, focusing, for example, on the decline of bodysnatching or the savings made by guardians in poor law expenditure to show if it achieved its goals.⁷ By identifying seven contributory groups; inspectors of anatomy, bodysnatchers, anatomists, medical students, paupers, guardians of the poor and their electorate, I have widened the criteria by which the Anatomy Act can be judged indicating the complex nature of the legislation (see Chapter 1 figure 1.1).

Bodysnatchers

Although bodysnatching ceased completely following the passing of the Anatomy Act, bodysnatchers had played a significant part in shaping the content of the legislation. The Select Committee on Anatomy (1828) examined three resurrectionists. Questioned as experts on the acquisition of corpses these men presented a pragmatic solution to the

⁷ Ruth Richardson, "Trading Assassins and the Licensing of Anatomy," in *British Medicine*, eds. French and Wear, 86; Knott, *Popular Opposition*, 260-265.

problem of obtaining legal cadavers. In evidence all three men confirmed that they had previously made a good living from bodysnatching but accepted that legislation would finish off their 'trade'. Bodysnatchers had been able to supply all types of bodies as required, encompassing age and gender differences. Under the proposed legislation they suggested that the only acceptable pool of material would be the unclaimed poor, although this source would be unlikely to provide such diverse anatomical specimens, and so they concurred with the Committee that workhouses would make the best future source of cadavers. In this way they helped to seal the fate of thousands of paupers.⁸

We have seen in Chapter 2 that resurrectionists were reviled as brutish men for their plundering of the grave for financial gain. Most resurrectionists operated in cities where easy access to overcrowded graveyards and the insatiable demand for corpses from anatomists meant that there was 'easy' money to be made. The legal repercussions of bodysnatching were minor, as it was classed as a misdemeanour. Prison sentences were infrequent and short, and the rewards potentially great with resurrectionists earning far in excess of what a skilled workman could earn in London at that time.⁹

Bodysnatchers had wielded power over the teaching of anatomy because they controlled the supply of anatomical material. It was in the interest of anatomists to develop a supportive relationship with them since their schools were only successful if they could offer students access to a plentiful supply of cadavers. With the passing of the Anatomy

⁸ Evidence of the Select Committee on Anatomy, 70, 118.

⁹ Richardson, *Death, Dissection and the Destitute*, 67. Richardson puts Naples income as leader of the gang at eleven guineas a week compared to a skilled urban worker's income of 30s and an agricultural labourer's at 9s a week.

Act bodysnatchers found their skills were no longer required. Some were able to gain employment from the anatomists they had previously supplied by working as dissecting-room porters, but most disappeared from the records.

Teachers of Anatomy

Before the 1832 Act was passed the study of the human body was made possible by a symbiotic relationship between bodysnatchers and anatomy teachers. Power was held in balance by supply and demand, and each group needed the other. Anatomists could only succeed if they offered enough practical dissection to their students: bodysnatchers required a certain, quick outlet for corpses or risked being left with a decaying, worthless body on their hands. The Anatomy Act served to reduce the influence of anatomists such as Cooper, Grainger and Carpue over the supply of corpses for dissection, yet they still suffered the public's enmity as they had before 1832. For some the situation became even worse as the hatred previously felt towards bodysnatchers was transferred to anatomy teachers. Until 1832 they had run successful anatomy schools which attracted hundreds of students a year. Each had engineered a reliable supply of material from specific bodysnatchers and became wealthy and influential within the medical profession. The Act placed Somerville in a position of control over them and they did not respond well. Rather than wait for him to allocate corpses to their schools, those who could used their connections with voluntary hospitals, where they gave their skills free of charge, to set up private deals whereby workhouse officials could send sick paupers to the hospitals for free treatment but in return agreed to supply all their

unclaimed dead directly to the anatomists for use in their classes. Although legally powerless, anatomy teachers showed up the short-comings of the Anatomy Act by the way they circumvented the law to seek advantage for their own establishments. Their strength lay in the inability of the inspectorate to effectively discipline them. Although provision for such action was enshrined in the Anatomy Act, because of the overwhelming need to keep matters relating to human dissection as low-key as possible inspectors chose not to make use of their powers. Eventually anatomy teachers, disillusioned by the Anatomy Act and Somerville's failure to provide sufficient corpses, were instrumental in having him removed from office (see Chapter 3).

In the end it became accepted by officials at the Anatomy Office that the only way schools would be able to succeed was if anatomy teachers developed an analogous relationship with guardians of individual workhouses to that they had previously maintained with bodysnatchers thus relinquishing some of the authority invested in the inspectorate to supervise the distribution of corpses. In a joint letter from Inspectors Alcock and Bacot (1842) to the Home Office it was reported that "there is nothing illegal in such efforts ... for no teacher by the Anatomy Bill can be prevented obtaining unclaimed bodies from those who may have the legal custody of them, and without interference or intervention on the part of the Inspector."¹⁰ Once again anatomists were able to control the supply of corpses due to the failure of the Anatomy Act to allow inspectors the means with which to satisfactorily control the acquisition and distribution of corpses.

¹⁰ Anatomy Office Returns, Joint report from Inspectors Alcock and Bacot to Phillipps for consideration by Sir James Graham, 4 November, 1842, MH74/16.

Medical Students

As discussed in Chapter 4 the study of human anatomy was considered central to any course of medical training and students were able to choose where they studied dissection. This gave them power over anatomy teachers, rejecting schools without sufficient material resulting in a loss of income and status to anatomists. Students could take their fees abroad. Prior to 1830 many students spent a period of time studying anatomy in Paris. As we have seen in Chapter 4, John Green Crosse wrote a comprehensive account of medical education in that city which showed that cadavers were both plentiful and cheap.¹¹ Although he did not consider the overall standard of education as good as that to be had in Britain he showed that without a secure supply of corpses students would vote with their feet and spend their money studying abroad.

Changes in legislation concerning medical education placed a greater requirement upon students to have access to human cadavers. In 1858 the Medical Act required all qualified practitioners to register with the GMC in a move to regulate their training so as to improve their status across the country. The Medical Act allowed individual schools to set their own curriculum but minimum requirements had to be met and anatomy and morbid anatomy featured strongly in all schools. The Act reflected students' demands for practical anatomy. Once the legislation was in place however, the balance of power shifted from students to the establishment and medical schools, because a qualified medical practitioner could only hold a government position if he had satisfied the

¹¹ Cross, *Medical Schools of Paris*, 104.

requirements which enabled him to be registered with the GMC. Since thousands of doctors were employed as Poor Law Union medical officers, by the army, navy or in overseas colonies, often as their first appointment to gain experience before setting up in private practice, they were constrained to comply with the curriculum offered by British medical schools.¹² Further developments during the 1870s and 1880s saw the increasing importance of science in medical education leading to a rise in both the number of subjects students had to study and an increase in the number of those subjects which required the use of human cadavers.¹³ The power medical students once collectively held to influence the shape of medical education lessened, and their influence became limited to competing with each other to gain access to the best medical schools, which in part meant those with the best dissecting facilities. So students retained some agency over the success of the schools and created pressure on the school staff to ensure sufficient corpses.

Inspectors of Anatomy

As a teacher of anatomy in London, Somerville had been called upon to give evidence to the Select Committee on Anatomy in 1828.¹⁴ He was deeply interested in the question of how to provide a reliable supply of corpses and was not above contravening the law in his attempts to increase the number he could acquire for the Great Windmill Street Anatomy School where he worked. He was able to obtain permission from the Secretary

¹² Cherry, *Medical Services*, 29.

¹³ Bonner, *Becoming a Physician*, 74. Peterson, *Medical Profession*, 40.

¹⁴ Evidence of the Select Committee on Anatomy, 48.

of State to import corpses from Ireland and France but had to concede that “the experiment, though tried very extensively, was a complete failure.”¹⁵ The exportation of dead bodies from France was a crime and yet Somerville had disregarded this in his quest for anatomical material. He was keen to obtain the post of Inspector of Anatomy but once appointed immediately faced difficulties largely because as the first government inspector he had no precedent to help define his role or his relationship with established government departments.¹⁶ Craigie, Inspector of Anatomy for Scotland appointed at the same time as Somerville, soon lost his post due to inefficiency and Somerville was acrimoniously dismissed after ten years in the post. Both were failed by the wording of the Anatomy Act and successive governments’ refusal to reopen the debate surrounding dissection to enable legislative changes to be made. During the first ten years of the Act the inspectorate also lacked adequate clerical support. Once he was made Inspector for the whole of Britain (1836), Somerville had no chance of being able to visit all anatomy schools frequently enough or to spend time building a trusting relationship with all Poor Law guardians to encourage them to supply unclaimed corpses. In theory the Anatomy Act gave inspectors of anatomy the power to control the supply lines of corpses to anatomy schools but in practice, as seen in previous chapters, the inspectorate was reduced to a largely bureaucratic department which failed to adequately support anatomy in Britain and was largely bypassed by anatomy teachers in their search for cadavers.

¹⁵ Ibid.

¹⁶ Richardson, *Death, Dissection and the Destitute*, 251.

Following Somerville's dismissal the Home Secretary appointed two men to oversee the Anatomy Act, one for London and the other for the provinces. This set the pattern for the rest of the nineteenth century and their role remained essentially an administrative one. Inspectors would, at the bequest of teachers, write to boards of guardians to encourage them to supply unclaimed corpses if, as Inspector Bacot wrote, "you think that a letter addressed to them by me would have any effect in aiding you,"¹⁷ but more often the inspectors suggested that they should make their own approaches directly to boards of guardians.¹⁸

Peter Bartrip, in his study of factory inspectors, considered "the establishment of an inspectorate to enforce legislation" as a vital step and that the importance of their appointment was immense,¹⁹ and W. L. Burn saw the mid-nineteenth century as "the age of the inspectors."²⁰ Whilst inspectors in other fields of endeavour appear to have played an active and necessary part in implementing relevant legislation the inspectors of anatomy never really had the opportunity to utilize the authority granted them by the Anatomy Act. By the very nature of the commodity they dealt in the utmost discretion was required if public outrage was to be avoided. We have seen that even the hint of a scandal could severely curtail the supply of corpses for dissection. Repeated calls by inspectors upon the Home Secretary to have parliament reopen the debate to amend the Anatomy Act to a mandatory law were rejected.²¹ Inspectors of anatomy never achieved

¹⁷ Anatomy Office Out-Letter Book, 1842 – 1879, Bacot to Johnson, 1843, MII74/10.

¹⁸ For example, Anatomy Office Out-Letter Book, 1842 – 1879, Cursham to Humphry, 1848, MII74/10.

¹⁹ Peter Bartrip, "Safety at Work," *Centre for Socio-legal Studies: Working Paper* 4, (1979):2.

²⁰ Burn, *Age of Equipoise*, 223.

²¹ For example, Anatomy Office Correspondence, Bennett to the Home Secretary, May, 1904, MII74/37.

the power that it seems Warburton and his supporters of the Anatomy Act envisaged for them. Instead later Inspectors such as Bacot, Cursham, Hawkins and Bennett contented themselves with bureaucratic matters and left the main business of corpse acquisition to others.

Paupers

Although nowhere in the Anatomy Act was it made explicit that paupers were to be the major source of corpses for dissection it was clearly understood by the legislators that this was to be the case. All patients who died unclaimed in voluntary hospitals, (mostly poorer members of society) were permitted to be used for dissection. All paupers who died whilst receiving poor relief and died unclaimed became the property of the guardians of the unions and could either be buried at the rate-payers expense or supplied to a licensed anatomist at the discretion of the guardians. Paupers seemed to be powerless over their fate under these circumstances, but one word in the Anatomy Act overturned this situation. The Act *permitted* unclaimed corpses to be used for dissection, it did not compel.²² To avoid becoming a 'subject' on a dissection table an individual needed to confirm in writing or verbally before two witnesses that their corpse was not to be used in this way. If all paupers had been aware of this clause and had made such a declaration they could have effectively stopped the study of human dissection and confounded the Anatomy Act. Paupers therefore would appear to have held ultimate power over the success of legislation with regard to human dissection. Yet tens of

²² An Act for Regulating Schools of Anatomy, clause 7.

thousands of paupers were dissected, in London alone almost 57,000 bodies were dissected in the first one hundred years of the Anatomy Act.²³ Prejudice against dissection has been shown to have been widespread indicating knowledge of the use of pauper corpses for such a purpose. That so many were used suggests that complex mechanisms were operating to stop paupers from adequately recording their desire not to be dissected and so removing their power to influence the success of the Anatomy Act.

We have seen throughout this thesis that the lower classes were generally prejudiced against dissection and it would have been consistent with this view if they had simply refused to become anatomical victims. So it is pertinent to ask why so few made such a request. Wise has referred to paupers as “persons unknown – an enigma for the social historian: a deafening silence that roars down the centuries.”²⁴ It is easy to assume that having left few written records the poor were largely illiterate and so unaware of the Act or unable to express their wishes but Wise suggests that around half of London’s poor in the 1830s were literate²⁵ and Best has claimed that between two-thirds and three-quarters of the working classes nationally were literate at that time with the figures improving as the century progressed.²⁶ Then it could be considered, with the evidence we have from the Anatomy Office and correspondence with the Home Secretary over the need for utmost secrecy in all matters surrounding human dissection, that little was known about it by the general public. But once again, as seen in earlier chapters, national and local newspapers avidly reported on issues relating to anatomy and

²³ Richardson, *Death, Dissection and the Destitute*, 271.

²⁴ Wise, *Italian Boy*, xvii.

²⁵ Ibid.

²⁶ Best, *Mid-Victorian Britain*, 246.

especially the use of the poor as the source of anatomical material. Much was made, in the 1830s, of treating paupers worse than criminals and every time scandals broke the details were published across the country. Added to this were handbills, cartoons, poems and popular songs; with so much information available it would seem unlikely that the poor were ignorant of the fate which might befall them if they died unclaimed.

Therefore, I suggest, the reason most paupers failed to make a written or verbal declaration not to be dissected was due to the regime established by guardians and their employees in many of the workhouses. In Chapter 5 the response to this issue by the Norwich Board of Guardians in 1872 has been fully discussed. Believing that paupers should not be dissected, the guardians took all steps possible to ensure that inmates knew of their rights under the Anatomy Act. However in other unions, where the guardians chose to use the Anatomy Act to save funeral expenses, it is likely that paupers were not given the opportunity to express their views and perhaps were ignored even if they did. The power paupers had been granted by the legislation was only effective if those who had the care of them chose to allow them to exercise it; in many workhouses it would seem they were denied that opportunity by the actions of the house authorities.

Guardians of the Poor

Once it has been accepted that, for whatever reason, many paupers died without making arrangements for the disposal of their remains and they were unclaimed for burial by family or friends, then the fate of their corpses was indisputably placed in the hands of the guardians of the poor. The Anatomy Act stated, "And it be enacted, That it shall be

lawful for any Executor or other Party having lawful Possession of the Body of any deceased Person...to permit the Body of such deceased Person to undergo Anatomical Examination.”²⁷ Those considered to have lawful possession were Poor Law guardians and governors of hospitals.

Between 1834 and the 1870s a typical board of guardians was comprised of *ex-officio* members; the squire, justices of the peace and, usually, a solicitor as Clerk plus the elected members. In rural areas these were mostly farmers with perhaps a corn merchant or banker and in urban areas professional men acted as Chairman, Treasurer and Clerk with businessmen making up the rest of the board. Local clerics also sat on union boards. As discussed in Chapter 6 following changes during the 1880s and 1890s women, tradesmen and artisans were increasingly elected on to the boards. Boards varied in size as apart from the *ex-officio* members there was usually one member for each parish incorporated into a union. Elections took place regularly providing the opportunity for the issue of using pauper corpses for dissection to become central to a prospective guardian's election campaign. Frequent changes in the composition of union boards was highlighted as a problem area by both inspectors and teachers of anatomy, making it necessary for them to have to re-establish a working relationship with the new board if they were to maintain a supply of corpses.²⁸

²⁷ An Act for Regulating Schools of Anatomy, clause 7.

²⁸ For example, Anatomy Office Out-Letters Book, Cursham to Humphry, 18 October, 1853, MH74/10; Anatomy Office Out-Letters Book, Macalister to Pickering Pick, 9 October, 1896, MH74/11.

As the legal owners of unclaimed bodies guardians had the power to acquiesce to requests from inspectors or teachers of anatomy to make available a supply of cadavers or, alternatively, to 'waste' such material by burying it. If all the teachers had to do was to show the benefits of medical study to convince guardians to supply them then it might be expected that all unclaimed corpses would have been made available, but guardians were elected to office, and the electorate in some areas remained doggedly prejudiced against dissection. In these circumstances guardians who upheld the view that each inmate of the workhouse deserved to be buried intact would have gained support from the electorate despite the cost implications. However in other unions the desire to pay lower poor rates overcame any prejudice and there the electorate supported guardians who voted to supply pauper corpses for dissection. It is clear that a range of complex motivations influenced guardians when they considered whether to provide unclaimed pauper corpses for dissection but guardians remained part of their community, whether they regarded their role as paternalistic or were concerned with the financial success of their businesses, many felt compelled to listen to the voters and respond to requests for corpses in a way which would not prejudice their own civic aspirations. For example following the original vote by the guardians of the Norwich Union to supply cadavers to Cambridge Medical School in 1872, all the men who had been in favour of the motion lost their seats on the board at the next election. This suggests that although guardians appeared to be at the centre of power over the provision of corpses their decisions were significantly affected by public opinion. When it came down to it many guardians put their own interests above that of inspectors, anatomists and even the poor in their care

and acted in accordance with the wishes of the electorate to hold onto their place on the board.

The Electorate

The 1834 NPL was the first of a series of measures designed to reduce the level of expenditure necessary to provide for paupers. As failures in its ability to work as a national policy became apparent central government issued further orders leading to a complex system which, in turn, resulted in unfair demands upon some sectors of rate-payers and some areas of the country.²⁹ Paupers were 'moved on' to other parishes to save money, landowners evicted families so as to have their properties rated in a lower 'vacant' band and levels of relief were cut. Some boards of guardians responded to rate-payers concerns over the cost of relief by sending unclaimed corpses to medical schools and so avoiding burial fees. However the evidence suggests that there were contradictions in the response of rate-payers to the guardians' decisions. For some voters financial considerations were paramount and they elected guardians who kept the cost of relief as low as possible. For others the issue of dissection was so repugnant that only guardians who refused to supply corpses could hope to be voted in. We have seen that central government, through the inspectors of anatomy, repeatedly emphasised the need for circumspection to anatomists and guardians when dealing with the supply of corpses. This indicates that throughout the nineteenth century public opinion remained prejudiced against dissection at some level, whatever advantages they could see in the improvement

²⁹ Both Lees, *Solidarities of Strangers*, and Hurren, *Protesting About Pauperism*, provide a comprehensive account of Poor Law legislation.

in the medical care available to them. Voters were unpredictable and guardians responded to the prevailing mood at the time. The only solution to the shortage of corpses for anatomy caused by the refusal of guardians to send *all* unclaimed cadavers for dissection would have been a change in the law to make it mandatory upon guardians to do so, thereby removing their reliance on the votes of the public.³⁰

Shifting Power Relations

During the foregoing discussion I have shown that there was a shift in the relative influence of each of the seven groups identified as having power to shape the progress of the Anatomy Act and human dissection throughout the nineteenth century. Before 1832 bodysnatchers, anatomists and medical students interacted in a mutually dependant relationship. Conditions governing the availability of corpses caused the power in this relationship to shift periodically. At the beginning of the dissecting season when teachers of anatomy were clamouring for cadavers to fulfil their advertised promises of adequate practical dissecting facilities in their schools, bodysnatchers had the advantage. By ensuring a steady, but not over generous, supply of corpses they could command high prices for their efforts. As the season progressed and the demand for new material declined bodysnatchers faced increased difficulties in disposing of corpses and prices fell as anatomists became more selective over the type and condition of the cadavers they required. Occasionally bodysnatchers fell foul of the law and were fined or imprisoned. Such occurrences allowed anatomists to gain a hold over a particular

³⁰ Home Office Correspondence, 1845, HO45/887; 1859, HO45/6521; Anatomy Office Correspondence, 1904, MH74/37.

bodysnatcher by financially assisting him and his family whilst he was in prison. Once released there was an obligation to ensure a steady supply of corpses at a reasonable price for the anatomist. Underpinning this association was the demand for practical dissection made by medical students.

Between 1832 and 1860 a raft of legislation upset the earlier power relationships. Following an initial period lasting two years, during which time Somerville visited boards of guardians to explain the Anatomy Act and encourage them to make unclaimed corpses available to him for distribution, the NPL was passed. These two Acts worked to influence the source of corpses used in medical education, the first by permitting the use of unclaimed corpses and the second by concentrating the destitute poor in centralized workhouses. Reform of medical education in Britain resulted in the Medical Act (1858) which defined the structure of courses required for qualification as a medical practitioner and served to reinforce the importance of anatomy in a student's training. The new legislation introduced government inspectors and guardians of the poor into the equation and diluted the power previously held by anatomy teachers and medical students. In theory inspectors of anatomy had control over the distribution of all available corpses but, in practice, due to factors beyond their control they were unable to satisfy the demands of anatomy teachers. Regaining some of their diminished influence those teachers of anatomy who were associated with voluntary hospitals were able to use their position to enhance their supply by dealing directly with workhouse officials offering free treatment in return for corpses. Medical students, whilst still having a degree of

influence by their choice of school, can be seen to have become less influential as medical courses became more strictly defined by legislation.

It has been shown in Chapter 6 that guardians of the poor were responsible for providing bodies for dissection. They could aid or impede paupers' wishes to be used in this way depending on their collective attitude to the care of the poor. Developments in the franchise widened the pool of persons able to vote for poor law guardians and the type of people who stood for election. By using their votes the public could influence the composition of the local poor law boards of guardians and therefore the use or otherwise of paupers for dissection. Nationally, elected members of parliament recognised the electorate's power on this issue as well. Despite requests at various times by interested parties since the 1830s successive governments refused to revisit the question of the supply of human corpses for dissection as being a subject too sensitive to bring into the public arena. It can be seen that the focus of power over the supply of human corpses for dissection shifted between the seven groups throughout the nineteenth century in response to the supply and demand for human corpses required for the education of medical students and practitioners. As in turn each group became more influential the complex nature of the balance of power which existed between them shifted only to be realigned as other external forces influenced their relationships.

The Anatomy Act: Success or Failure?

These groups, and their shifting power relationships, were therefore responsible for the ultimate impact of the Anatomy Act, and how far legislation achieved its stated goals.

The longevity of the Anatomy Act of 1832 would indicate that it was generally accepted to have been successful throughout its 150 year life.³¹ Until the latter part of the twentieth century this view was generally accepted by historians. In the 1980s Richardson undertook new research, largely focussed on London, which indicated that whilst the Anatomy Act had been successful in bringing bodysnatching to an end and keeping all but the most destitute out of workhouses it was only partially successful in its ability to supply medical schools with the number of corpses they demanded.³²

Warner regarded its success as the key factor in breaking France's dominance of anatomy teaching by providing a legal source of cadavers in Britain but he also acknowledged its failure to provide sufficient corpses to satisfy anatomists.³³ Other historians have seen the Act as successful in part; reducing poor law expenditure,³⁴ giving regional anatomy schools a high level of autonomy,³⁵ and being a "legislative piece of common sense" which stopped bodysnatching.³⁶ Yet all of these historians raised doubts to some degree over the success of the Act in maintaining an adequate level of dissecting material for British medical schools, especially those outside London.

³¹ The Anatomy Act was slightly modified in 1871 but remained essentially unchanged until 1984.

³² Richardson, "Trading Assassins," 86.

³³ Warner, *Against the Spirit*, 188.

³⁴ Knott, *Popular Opposition*, 260 – 265.

³⁵ Hurren, "A Pauper Dead House," 92.

³⁶ Bailey, *Resurrection Men*, 156.

Evidence presented in this thesis allows a further, detailed assessment of the success or failure of the Anatomy Act. The Anatomy Act had three main aims. Firstly, to put an end to bodysnatching and burking by providing a legal source of cadavers so that trafficking in corpses for gain would cease. This required an acceptance by bodysnatchers that their erstwhile trade was no longer viable and by anatomy teachers that they would have to access future corpses through legal channels. If enough bodies were made available under the legislation then success would have been assured but if the anatomy teachers' and medical students' aspirations for practical dissection were not met then this aim may not have been achieved. Secondly, the Act sought to ensure that all transactions would be regulated by a central government agency. Crucial to this aim was the ability of the newly created inspectorate to exercise control over the hitherto autonomous teachers of anatomy, persuading them to observe the necessary paper trail which would have ensured that the inspectors knew the origin and destination of each corpse. Finally, the legislation aimed to provide sufficient human cadavers to allow medical education in Britain to flourish. This was the most difficult aim to achieve since it required the support of disparate groups under the aegis of inspectors who struggled with the vastness of the task assigned to them. To be successful guardians of the poor, the public who elected them and the poor themselves all had to be convinced that not only was human dissection the cornerstone of medical education but that the use of unclaimed paupers was the best means by which to provide that material.

Bodysnatching and Burking

The end of bodysnatching and the provision of a legally backed source of human cadavers for use in medical education in Britain is really the ultimate proof that the Anatomy Act was able to generate a sufficient supply of corpses, even given the increased demands of medical training and the growth of regional schools such as Cambridge. Using this criterion the Act has been judged a success by all historians. James Bailey considered that, "After the passing of the Act the resurrection man, as such, drops out of history; his occupation was gone, and one of the most nefarious trades that the world has ever seen came completely to an end."³⁷ This view was echoed by Marshall who also claimed that the Anatomy Act "effectively ended the grave-robbing trade."³⁸ The evidence which had been given by resurrectionists to the Select Committee on Anatomy (1828) proved to be prophetic. Witness AB had declared that bodysnatchers would, in his opinion, give up the business if the proposed law came into force because the price for illegal corpses would fall so low that the risks would not be worthwhile.³⁹ By 1834 Somerville felt confident enough to declare in public that "experience had proved that it [the Anatomy Act] had destroyed bodysnatching: there was not a single resurrectionist left in the country."⁴⁰

Equally terrifying for the public had been the discovery that there were men who were prepared to murder to provide corpses for dissection. The case of Burke and Hare in

³⁷ Bailey, *Diary of a Resurrectionist*, 117.

³⁸ Marshall, *Murdering to Dissect*, 329.

³⁹ Evidence of the Select Committee on Anatomy, 70.

⁴⁰ *The Times*, 21 November, 1834, 1, col., c.

Edinburgh and the burking of the Italian boy in London by Williams, Bishop and May, as discussed in Chapter 2, had been widely publicised in the press. The subsequent executions of Burke, Williams and Bishop for murder had attracted thousands of spectators and, for a short period, led to ‘burkers’ being suspected every time someone disappeared.⁴¹ Once again the Anatomy Act was judged by Somerville as a success because, “it was found impossible that the crime of burking could exist under the new law; it would be instantly detected.”⁴²

Despite the complete success of the Anatomy Act with regard to stopping bodysnatching and burking the fear of these activities remained alive in the collective memory of the public for generations.⁴³ It will be remembered from the discussion in Chapter 6 that when, in 1872, Professor Humphry of Cambridge University applied to the guardians of the Ipswich Union workhouse for unclaimed corpses Crevallier tried to get the board to accede to the request by reminding them that only through workhouses supplying unclaimed corpses for dissection had the evils of bodysnatching and burking been stopped, the implication being a refusal to supply would mean activities absent for forty years might re-emerge.⁴⁴

Although bodysnatching ended, the trafficking in human corpses continued – albeit in a legalised form. The financial transaction was no longer between bodysnatchers and anatomists but the poor were still ‘sold’ from workhouses and, later in the century,

⁴¹ Wise, *Italian Boy*, 229.

⁴² *The Times*, 21 November, 1834, 1, col., c.

⁴³ *The Times*, 20 September, 1873, 11, col., a.

⁴⁴ Ipswich Union Board of Guardians Minutes, 2 February 1872 – 2 May 1873, DD1/28/2/21.

increasingly from lunatic asylums as a means of funding the poor law. The supply of corpses involved a financial transaction since unions were reimbursed for all the costs involved in arranging suitable transportation for the body as well as saving the cost of a pauper burial which was paid for by the medical school which received the corpse. I have shown that for many rural boards the fees received for the few bodies they would have had available each year were not worth considering but for urban workhouses with large inmate populations the savings thus generated could be significant. In her study of Oxford, Hurren has suggested that more overt financial transactions took place in some schools with the relatives of deceased paupers being directly offered payments to allow the use of corpses for dissection.⁴⁵

Inspectors of Anatomy

The Act required that there should be no fewer than three inspectors appointed to oversee the Act at any time. It directed which areas of the country each should be responsible for and limited the salary each inspector would receive. The role was largely a bureaucratic one with inspectors acting as agents of the Secretary of State: checking up on licensed premises, obtaining the necessary certificates from all concerned with the handling of unclaimed corpses and providing quarterly returns to the Secretary of State. In effect the inspectors policed the trade in human cadavers to ensure it was carried out decently within the regulations laid down by the Act.

⁴⁵ Hurren, "Whose Body is it Anyway?" 810.

We have seen in Chapter 3 that for most of the time up until 1842 Somerville was responsible for inspecting the whole of England, Scotland and Wales on his own. This was a huge geographical area for one man to supervise at a time when the railway network was incomplete and coach travel slow. The infrequency of inspections left anatomy teachers, especially in provincial centres, with a high degree of autonomy. The situation was eased somewhat after 1842 when separate inspectors were appointed for London and the provinces and a third to cover Scotland. Inspectors were further hindered by their lack of remuneration. Clause 6 of the Anatomy Act allowed a salary not to exceed £100 a year plus expenses with the understanding that inspectors would be medical practitioners who could continue with their private practices to provide their chief source of income. Quickly it became apparent that the demands of the job precluded any chance of maintaining a medical practice and Somerville was provided with a salary increase to £500 in 1833.⁴⁶ When Bacot, Alcock and Wood replaced him in 1842 each was again granted a salary of just £100 a year, leading Alcock to request that his pay should be increased after a year in his post since he considered that he did “much more than originally asked by the Anatomy Act.”⁴⁷

Central to an inspector's role was ensuring that all relevant documentation was completed so that each corpse used for dissection could be traced from death until interment. Resentment at the interference of central government through the inspectors

⁴⁶ Home Office Anatomy Entry Book, 1832 – 1842, Lamb to Somerville, 8 October, 1833, HO83/1.

⁴⁷ Home Office Correspondence, Details of inspector's remuneration, 1 October, 1842, Alcock to Phillipps, 7 November, 1843, both HO45/189; Bartrip, “British Government Inspection,” 620. In contrast Bartrip showed that mining inspectors could earn four times as much and factory inspectors up to ten times as much as inspectors of anatomy.

tended to result in a failure on the part of anatomists to return forms on time. Another explanation for this failure could be the novelty of being required to fill in forms.

Anatomy schools had operated autonomously and many anatomists were eminent men unused to being answerable to anyone, and their arrogance comes through in their attitude to requests from inspectors for them to comply with the regulations. On many occasions the Anatomy Office letter books refer to repeated requests from inspectors to anatomists for the correct documentation to be returned. Failure to do so could result in prosecution but this sanction was never used due to successive Home Secretaries insisting that inspectors of anatomy maintain the utmost discretion in carrying out their duties.⁴⁸

Inspectors of anatomy struggled throughout the century to supervise the number of anatomy schools and the number of cadaver movements which occurred. The only way the inspectors could hope to exercise control over the provision of corpses for dissection was by developing good working relationships with all parties concerned. In this, some were more successful than others. The one thing which would have guaranteed the success of the inspectorate would have been an abundant supply of corpses large enough to have satisfied every anatomist's demand for material. Failing that it was inevitable that the inspectors would be bypassed as each anatomist looked out for their own school.

⁴⁸ Anatomy Office Out-Letters Book, 1879 – 1917, MH74/11.

Corpses

The provision of an adequate supply of corpses was the real core of the legislation and I believe the crux of the matter in deciding on its success. When drawing up the legislation the government faced two problems; bodysnatching was abhorrent, it led to the moral corruption of medical practitioners and students, it prevented the profession from attaining the social status they craved and, although we have seen that chiefly the graves of the poor were raided, it placed all social groups at the risk of being used for dissection. Secondly medical education in Britain had stagnated and students took their money to the continent, in particular Paris, where they were able to practice dissection both cheaply and legally. Loss of students and their fees meant loss of status and income for anatomy teachers.

The Anatomy Act was the means whereby a legal supply of corpses, obtained from a class of persons for whom it was considered no one would mourn, would, in theory, emulate the conditions students had found abroad – that is an endless supply of anatomical material. But rarely at any time after 1832 were there so many corpses available in any one dissecting season that everyone's needs were satisfied. Research into the Anatomy Office records has revealed only two occasions when this was reported to have occurred.⁴⁹ The dissatisfaction felt by the continual battle to provide the necessary resources to teach medicine in Britain has been shown as the Act's greatest shortcoming. A letter from the teachers and students of the Metropolitan schools (1859)

⁴⁹ Home Office Correspondence, 1840 – 1841, HO45/191; Anatomy Office Correspondence, 1899, MH74/37. On both occasions the excess was reported to be in London.

stated that the Anatomy Act had “been found especially inadequate to the fulfilment of the former purpose [the study of anatomy], and possibly does not effectively prevent the latter [the commission of crime]”.⁵⁰ Criticism elsewhere recorded “the provisions of the present Anatomy Act [as] being decidedly inefficient.”⁵¹ “The ultimate failure of the Anatomy Act”, according to Brian Bailey “was that it did not solve the problems of the lecturers in obtaining sufficient bodies for their purposes.”⁵²

The historian John Warner considered that the Anatomy Act was Britain’s attempt to combat the French dominance of anatomy teaching. If so its success could be judged by the reduction in the number of British students studying there. However Warner records that over three hundred such students were still spending a period of time in Paris during 1835. This provided an indication that the Anatomy Act was proving unsuccessful in its early years.⁵³ Richardson has shown that between 1832 and 1842 the number of corpses made available for dissection remained about the same as that supplied prior to 1832 by bodysnatchers at around five hundred a year, a quantity already shown in previous chapters to be insufficient for the needs of medical education in Britain.⁵⁴ In contrast Keir Waddington suggested that after some initial success by 1842 the number of bodies supplied to schools was actually 36% lower than it had been in 1832 with just 354 being available to teachers of anatomy.⁵⁵

⁵⁰ Home Office Correspondence, Teachers and students of the Metropolitan Schools to Sir George Cornwall Lewis, 14 October, 1859, HO45/6521.

⁵¹ *The Times*, 5 March, 1858, 10, col., c.

⁵² Bailey, *Resurrection Men*, 163.

⁵³ Warner, *Against the Spirit*, 188.

⁵⁴ Richardson, *Death, Dissection and the Destitute*, 245.

⁵⁵ Waddington, *Medical Education*, 56.

My research has shown that the perennial shortage of corpses was the main concern for anatomists both in London and the provinces throughout the century. Following initial enthusiasm for the Anatomy Act by most practitioners, disillusionment soon set in. Although the Act ensured that corpses were free and legally supplied, surely real benefits for teachers and their students, the expectations set up by the legislation of an abundant supply never materialized. Their resulting disappointment set the tone for the ambivalent relationship anatomy teachers had with the inspectorate for the rest of the century. The position in London was never as bad as that in the provinces. London schools were thought by some to be favoured by the inspectors but their proximity to a vast urban pauper population lent itself to an ease of supply hard to emulate in more sparsely populated areas of Britain. In Chapters 3 and 4 it has been related how anatomists at medical schools attached to hospitals were able to circumvent the inspectors and gain an advantage over others by using the bodies of all who died unclaimed in the hospital and to make use of amputated limbs and surgically removed organs for their students in addition to any material sent to them by the inspectors. They also had the ability to do a deal with poor law unions offering free treatment in return for exclusive access to unclaimed corpses from their workhouses. However these benefits did not stop complaints such as that received from the Senate of the University of London in 1858 detailing the decline in available corpses over the previous few years resulting in “an absolute and deplorable scarcity” and leading to the inability of students to comply with the regulations to allow them to pass their anatomy papers.⁵⁶ Similarly a

⁵⁶ Home Office Correspondence, 1858 – 1859, Senate of London University to Waddington, 25 February, 1858, HO45/6521.

letter to *The Times* in 1869 stated “the great dearth of subjects for dissection is now becoming a serious matter.” ⁵⁷

The situation began to improve under the steady influence of Inspector Hawkins and his successor Bennett, men who sought to work with both those in possession of unclaimed corpses and teachers of anatomy to facilitate a fairer distribution as opposed to the combative, dictatorial style of inspectorate Somerville had established in the early years of the Anatomy Act. A mark of their success can be seen when in 1899 Bennett reported a surplus of corpses, a situation which in fact caused him almost as many problems as shortages had. Ten out of twelve London anatomy schools stopped receiving bodies and he had to ask unions to bury their unclaimed dead themselves. ⁵⁸

It is not possible at the present time to fully gauge the influence of the Anatomy Act in the provinces as a whole since few regional studies have as yet been carried out. For those which have their methodology differs from that used in this study of East Anglia. For example Hurren has considered the availability of unclaimed corpses in the Brixworth Union, Northamptonshire from the point of view of changing poor law legislation during the final quarter of the nineteenth century. ⁵⁹ She suggests that changes in legislation resulted in guardians becoming increasingly willing to dispose of unclaimed corpses to anatomists thus avoiding the expense of providing a funeral for the rising number of paupers they had to deal with. Butler has shed light on the issue by

⁵⁷ *The Times*, 2 November, 1869, 7, col., f.

⁵⁸ Anatomy Office Correspondence, 1890 – 1904, Bennett to Boards of Guardians, 20 July, 1899, MH74/37.

⁵⁹ Hurren, *Protesting About Pauperism*, 191-203.

researching the development of regional university medical schools in the north of England, in particular Manchester, Leeds and Liverpool. By showing the success of medical schools in these towns she has provided evidence that the supply of corpses for dissection was at least adequate to meet the needs of teachers for the period between 1870 and 1874.⁶⁰

This study shows that the Cambridge Medical School became one of the most successful provincial schools in the country by the end of the nineteenth century. Yet at the same time anatomy inspectors were ineffective at providing corpses for Cambridge, with letters of complaint over the shortages reaching their office from Cambridge during every decade of the century from the 1830s. This apparent contradiction can be resolved when we look at the work of Professors Clark, Humphry and Macalister, three men with colossal belief in the eminence of their department within the University and the determination to make Cambridge a byword for medical excellence. With lesser men Cambridge Medical School may never have achieved the position it did. Through their work with boards of guardians across a wide area encompassing not only the whole of East Anglia but also utilising the developing rail network to obtain corpses from workhouses ranging from the south coast to the north of England they were able to make the Anatomy Act work for them.

From the studies which have been completed it would appear that the experience of the Anatomy Act in the provinces was more diverse than that encountered in the capital. The

⁶⁰ Butler, "Transformation in Training," 115-132.

offices of the inspectorate were in London. Geographically inspectors for London had a better chance of overseeing their patch than inspectors for the provinces. Provincial inspectors gave greater autonomy to anatomy teachers to seek out supplies for themselves, whilst union guardians, especially in areas of low population density, were less inclined to bother with the contentious business of supplying corpses for the small economic benefit they might gain. As shown (see Figure 7.1) it is clear that only by developing a close working relationship with those in lawful possession of unclaimed corpses were regional anatomy schools able to flourish as well as they did.

Without any legislation the supply of anatomical material for dissection would have remained in the hands of that group of men Astley Cooper had called “the lowest dregs of degradation.”⁶¹ By “giving up for dissection a certain portion of the whole, in order to preserve the remainder,”⁶² the 1832 Anatomy Act was a valiant attempt to find a solution to a problem that successive governments were loath to articulate. Although not wholly successful in its aims it nevertheless provided the legal framework under which students successfully studied human anatomy throughout the nineteenth century.

However, ultimately, this success was based not on legislation but on the tireless efforts of individual teachers of anatomy who were able to achieve a relationship with guardians of the poor in hospitals and workhouses in the face of public scepticism.

⁶¹ Evidence of the Select Committee on Anatomy, 14.

⁶² Evidence of the Select Committee on Anatomy, 10.

Appendix

Institutions which supplied Cambridge Medical School 1833 – 1906

Contacts established by Clark			
Name of Institution	First supply	Last supply	Number of Corpses
Cambridge Workhouse	1833	ongoing	122 burials recorded *
Addenbrooke's Hospital	1846	ongoing	over 450 burials recorded *
Anatomical School	1849	1871	42 **
Contacts established by Humphry			
Name of Institution	First supply	Last supply	Number of Corpses
Fulbourn Asylum	1871	ongoing	78
Haverhill Workhouse	1871	1879	4
Royston Workhouse	1871	ongoing	5
Saffron Walden Workhouse	1872	1872	1
Hitchin Workhouse	1873	1902	17
Wisbech Workhouse	1873	1897	72
Chesterton Workhouse	1874	ongoing	13
West Hartlepool Workhouse	1874	1874	1
Biggleswade Workhouse	1875	ongoing	68
Huntingdon Workhouse	1875	ongoing	9

Newmarket Workhouse	1875	1879	4
Bedford Workhouse	1876	ongoing	5
Bishop Stortford Workhouse	1876	1899	9
Hastings Workhouse	1876	1876	1
Melbourn Workhouse	1876	1878	3
Peterborough Workhouse	1876	ongoing	3
Finchley Asylum	1877	1893	141
Linton Workhouse	1877	1904	1
Norwich Workhouse	1878	1878	1
Bury St. Edmunds	1880	ongoing	2
Ely Workhouse	1880	1880	1
Bugbrooke Workhouse	1881	1887	8
Great Yarmouth	1881	1902	29
Hertford Workhouse	1881	ongoing	23
Manchester Workhouse	1881	ongoing	13
King's Lynn Workhouse	1882	1882	1
St. Ives Workhouse	1882	1882	2
Total number of establishments 27		Total number of corpses 515	

Contacts established by Macalister

Name of Institution	First supply	Last supply	Number of Corpses
Thetford Workhouse	1883	1888	4

Thingoe Workhouse	1883	1883	1
Whittlesey Workhouse	1883	1903	13
Grantchester Workhouse	1884	ongoing	2
Doncaster Workhouse	1885	ongoing	88
Hull, Myton Workhouse	1885	ongoing	336
Lakenheath Workhouse	1885	1892	7
Luton Workhouse	1885	ongoing	18
Spalding Workhouse	1885	1886	3
Wicken Workhouse	1885	1886	1
Cottingham Workhouse	1886	1886	3
Potton Workhouse	1886	1886	1
Kessingland Workhouse	1890	1890	1
Colney Hatch Asylum	1891	ongoing	59
Southampton Workhouse	1891	1891	6
Mildenhall Workhouse	1892	ongoing	24
Three Counties Asylum	1893	ongoing	23
Brighton Workhouse	1895	ongoing	53
Hull, Royal Infirmary	1895	1897	2
Basford Workhouse	1898	1898	8
Nottingham Workhouse	1898	1898	1
Slough Workhouse	1898	1898	1
Cave Hill Asylum, Coulsdon	1900	1900	1
Frien Barnet Asylum	1900	1900	2
London County Asylum	1900	ongoing	7

Camberwell Workhouse	1901	1901	2
Whitechapel Workhouse	1901	ongoing	9
West London Hospital	1904	1904	1
Total number of establishments 28		Total number of corpses 677	

Source: Burial Records of St. Benedict's, Cambridge, 1833 – 1904, P25/1/20, 21 and 22, Cambridgeshire Record Office, Cambridge.

* Both Cambridge Workhouse and Addenbrooke's Hospital used the same cemetery for pauper funerals as the anatomy school used for the burial of dissected remains. It is therefore impossible to be certain how many of the individuals enumerated here were actually used for dissection but it is known that at this time both the Cambridge workhouse and the hospital did supply some material to the anatomy school.

** Between 1849 and 1871 all burials of dissected corpse were recorded as coming from the anatomical school with no further information on where the corpses originated.

Bibliography

Primary Sources

Manuscripts

All National Archive, London:

Home Office Correspondence, Cambridge Anatomy School, 1833, HO44/26.

———. Royal College of Surgeons, 1840, HO44/37.

———. Somerville, 1832 – 1842, HO45/189 – 191.

———. Shortage of Bodies, 1844 – 1851, HO45/887, 3202, 1319A, 2738, 3618.

———. Preserving Bodies, 1853 -1854, HO45/4884, 5297.

———. Instructions to New Inspectors, 1858, HO/6520.

———. Anatomy Entry Book, 1832 – 1871, HO 83/1 – 2.

———. Register of Licences to Practice Anatomy, 1832 – 1876, HO83/3.

Ministry of Health, Anatomy Office Correspondence, 1832 – 1917,

MH74/10 – 12, 15 – 16, 31, 36 – 38.

Provincial Records:

Burial Records of St. Benedict's, Cambridge, 1813 – 1906, Cambridgeshire Record

Office, Cambridge, P/25/1/20 – 23.

Cambridge Union Board of Guardians Minutes, 1872 – 1896, Cambridgeshire Record Office, Cambridge, G/C/AM/25 – 34.

Crosse, John G. Scrapbook, 1829 - 1846, Norfolk Record Office, Norwich, MS4305, T138A, MS470 – 471, MS476.

Great Yarmouth Cemetery Burial Registers, 1828 – 1860, Norfolk Record Office, Norwich, NNAS/894754.

Great Yarmouth Union Board of Guardians Minutes, 1837 – 1891, Norfolk Record Office, Norwich, Y/WE 69, 70 – 72.

Great Yarmouth Union Masters Report Books, 1869 – 1871, Norfolk Record Office, Norwich, Y/WE298.

Great Yarmouth Union Masters Report Books, 1902 - 1904, Norfolk Record Office, Norwich, Y/WE299.

Ipswich Union Board of Guardians Minutes, 1872 – 1873, Suffolk Record Office, Ipswich, DD1/28/2/21.

Ipswich Union Board of Guardians Minutes, 1896 – 1897, Suffolk Record Office, Ipswich, DD1/28/2/40.

Ipswich Union Register of Death, 1836 – 1884, Suffolk Record Office, Ipswich, DD1/44/3/1.

Kendell, Thomas M., Surgical Casebook, 1865 – 1871, Norfolk Record Office, Norwich, MF/RO 111/1.

Mutford and Lothingland Union Workhouse Letter Book, 1892 – 1899, Suffolk Record Office, Lowestoft, 34/AQ2/2.

Norfolk County Gaol Keeper's Journal, 1822 – 1835, Norfolk Record Office, Norwich,
MF/RO 576/1.

Norfolk and Norwich Hospital Surgeons Book, 1835 – 1903, Norfolk Record Office,
Norwich, NNH 59/1.

Norgate, B. H., Case Book, 1831 – 1856, Norfolk Record Office, Norwich,
NNH/49/1/2/5.

Norwich Union Board of Guardians Minutes, 1834 – 1907, Norfolk Record Office,
Norwich, NRO N/TC 3/1-16.

Norwich Union Death Register, 1836 – 1872, Norfolk Record Office, Norwich, NRO
N/GP 1/79.

Norwich Union Workhouse Committee Minutes, 1866 – 1901, Norfolk Record Office,
Norwich, NRO N/TC 3/60 – 65.

Norwich Union Workhouse Ledger, 1872, Norfolk Record Office, Norwich, NRO N/T
11/22.

Wangford Union Board of Guardians Minutes, 1871 – 1898, Suffolk Record Office,
Lowestoft, 36/AB1/79 – 88.

Government Papers and Publications

Hansard Parliamentary Debates 1828 – 1880.

Acts

An Act for Better Preventing the Horrid Crime of Murder, 1752, 25 Geo. 2, c.37.

An Act for Better Regulating Apothecaries throughout England and Wales, 1815, 55

Geo. 3, c.194.

An Act for Regulating Schools of Anatomy, 1832, 12 Will. 4, c. 75.

An Act for the Amendment and Better Administration of the Laws relating to the Poor

in England and Wales, 1834, 4 & 5 Will. 4, c. 76.

An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery, 1858,

21 & 22 Vic. C.90.

An Act to Amend the Medical Acts, 1886, 49 & 50 Vic. c. 48.

Bills and Reports

A Bill for Preventing the Unlawful Disinterment of Human Bodies, *Parliamentary*

Papers (5 May, 1829) 200.

A Bill for Regulating Schools of Anatomy, *Parliamentary Papers*

(17 December, 1831) 35.

A Bill for Regulating Schools of Anatomy, *Parliamentary Papers*

(27 February, 1832) 201.

Report and Evidence of the Select Committee on Anatomy, *Parliamentary Papers*

(22 July, 1828) 7.

Report and Evidence of the Select Committee on Medical Education, *Parliamentary*

Papers (Autumn, 1834) 13.

Newspapers and Periodicals

Cambridge Chronicle 1829 - 1842

Ipswich Journal 1830 - 1872

The Lancet 1840 - 1897

Norwich Mercury 1835 - 1901

Quarterly Review 1830

Suffolk Chronicle 1849 - 1872

The Times 1822 - 1889

Westminster Review 1828

Yarmouth Advertiser and Gazette 1881 - 1901

Printed Materials

Anstie, F. "Insane Patients in London Workhouses."

Journal of Mental Science (1865): 327 – 336.

Bailey, James. *The Diary of a Resurrectionist 1811 – 1812*.

London: Swan Sonnenschein, 1896.

Bayne, A. D. *Royal Illustrated History of Eastern England*, 2 vols.

Great Yarmouth: James MacDonald, 1872.

Biggs, C. A. "The Work of Women as Poor Law Guardians."

Westminster Review (1885): 386 – 395.

Cooper, Bransby. *The Life of Sir Astley Cooper*. London: John W. Parker, 1843.

Craven, Carey. "A Night in a Workhouse." *Keighley Series* 1, [1889].

Cross, John. *Sketches of the Medical Schools of Paris*. London: Callow, 1815.

- Dickens, Charles. *A Tale of Two Cities* [1859]. Oxford: Oxford University Press, 1991.
- . *Oliver Twist* [1838]. Stroud: Nonsuch, 2006.
- . *The Pickwick Papers* [1836]. Oxford: Oxford University Press, 1991.
- Eade, Peter. *The Autobiography of Sir Peter Eade MD, FRCP*. London: Jarrolds, 1916.
- Eliot, George. *Middlemarch* [1874]. London: Penguin, 1994.
- Engels, Friedrich. *The Condition of the Working Class in England* [1844].
Oxford: Oxford University Press, 1993.
- Gardiner, Frederick. *History of Wisbech and Neighbourhood*. Wisbech: Gardiner, 1898.
- Glyde, John. *Moral, Social and Religious Condition of Ipswich*. Ipswich: Burton, 1850.
- . *Suffolk in the Nineteenth Century*. London: Simpkin, Marshall, 1856.
- Gooch, Benjamin. "Unlawful Disinterment of Human Bodies."
Quarterly Review 42, (1830): 1 – 17.
- Hardy, Thomas. *The Woodlanders* [1887]. London: Penguin Books, 1998.
- Lewes, C. L. *Dr. Southwood Smith: A Retrospect* Edinburgh: Wm Blackwood, 1898
- Mackie, Charles. *Norfolk Annals*. Norwich: Norfolk Chronicle, 1901.
- Paget, Stephen. *Memoirs and Letters of Sir James Paget*.
London: Longmans, Green & Co., 1903.
- Palmer, C. J. *The Perlustration of Great Yarmouth*, 3 vols.
Great Yarmouth: C. J. Palmer, 1872.
- Pugin, A. W. N. *Contrasts*. London: Charles Dolman, 1841.
- Rogers, James. *Joseph Rogers MD: Reminiscences of a Workhouse Medical Officer*.
London: Fisher Unwin, 1889.
- Smiles, Samuel. *Self-Help*. London: Ticknor and Fields, 1859.

Southey, Robert. *The Poetical Works of Robert Southey*.

London: Longman, Orme, Brown and Longmans, 1837.

Stevens, G. *Directory of Ipswich*. London: Stevens, 1885.

Walker, George. *Gatherings from Graveyards*. London: n. p., 1839.

Walker, Neil, and Thomas Craddock. *The History of Wisbech and the Fens*.

Wisbech: Richard Walker, 1849.

White, William. *History Gazetteer and Directory of Norfolk 1836*.

Sheffield: William White, 1836.

Secondary Sources

Official Papers and Publications

Report

Michael Redfern QC. "Report and Evidence of the Royal Liverpool Children's Inquiry," 30 January, 2001. London: HMSO, 2001.

Printed Materials

Abbott, Geoffrey. *William Calcraft Executioner Extra-Ordinaire*.

London: Eric Dobby, 2004.

Amigoni, David, ed. *Life Writing and Victorian Culture*. Aldershot: Ashgate, 2006.

Ariés, Philippe. *The Hour of our Death*. Harmondsworth: Penguin, 1983.

Bailey, Brian. *The Resurrection Men*. London: MacDonald, 1991.

- Barnes, E. G. *The Midland Main Line 1875 – 1922*. London: Allen & Unwin, 1969.
- . *The Rise of the Midland Railway 1844 – 1874*.
London: Allen & Unwin, 1966.
- Barringer, Christopher, ed. *Norwich in the Nineteenth Century*.
Norwich: Gliddon Books, 1984.
- Bartrip, Peter. “British Government Inspection 1832 – 1875: Some Observations.”
Historical Journal 25, (1982): 605 – 626.
- . *The Home Office and the Dangerous Trades: Regulating Occupational
Disease in Victorian and Edwardian Britain*.
Amsterdam: Rodopi, 2002.
- . “Safety at Work: The Factory Inspectorate in the Fencing Controversy,
1833 – 1857.”
Centre for Socio-Legal Studies: Working Paper 4, (1979): 1 – 7.
- Bashford, Alison. *Purity and Pollution: Gender, Embodiment and Victorian Medicine*.
Basingstoke: MacMillan, 1998.
- Benson, John. *The Working Class in Britain 1850 – 1939*. London: Longman, 1989.
- Best, Geoffrey. *Mid-Victorian Britain 1851 – 75*. London: Fontana, 1979.
- Bilyard, John. *Hales Hospital a History: Workhouse to Hospital*.
Norwich: Norwich Health Authority, 1987.
- Bonner, Thomas, N. *Becoming a Physician: Medical Education in Great Britain,
France, Germany and the United States 1750 – 1945*.
New York: Oxford University Press, 1995.
- Breen, Anthony. “County Hall, Ipswich.” Unpublished manuscript, 2003.

- Bridie, James. *The Anatomist*. London: Constable, 1947.
- Brock, R. C. *The Life and Work of Sir Astley Cooper*.
Edinburgh: E & S Livingstone, 1952.
- Brooks, Chris. *Mortal Remains*. Exeter: Wheaton, 1989.
- Buklijas, Tatjana. "Cultures of Death and Politics of Corpse Supply: Anatomy in Vienna, 1848 – 1914."
Bulletin of History of Medicine 82 (2008): 570 - 607.
- Burn, W. L. *Age of Equipoise: A Study of the Mid-Victorian Generation*.
London: Allen and Unwin, 1964.
- Burton, Brian. *The Murder of Maria Marten*. Birmingham: C. Combridge, 1964.
- Butler, Stella. "A Transformation in Training: The Formation of University Medical Faculties in Manchester, Leeds and Liverpool, 1870 – 84."
Medical History 30 (1986): 115 – 132.
- Bynum, William. *Science and the Practice of Medicine in the Nineteenth Century*.
Cambridge: Cambridge University Press, 1994.
- Bynum, William, E. J. Browne and Roy Porter, eds. *Dictionary of the History of Science*. London: MacMillan, 1981.
- Cherry, Steven. *Medical Services and the Hospitals in Britain 1860 – 1939*.
Cambridge: Cambridge University Press, 1996.
- . *Mental Health Care in Modern England: The Norfolk Lunatic Asylum: St. Andrew's Hospital, 1810 – 1998*. Woodbridge: Boydell, 2003.
- Coleman, D. and J. Salt. *The British Population*.
Oxford: Oxford University Press, 1992.

Colvin, Howard, M. *Architecture and the Afterlife*.

New Haven: Yale University Press, 1991.

Crosse, V. Mary. *A Surgeon in the Early Nineteenth Century*.

Edinburgh: E & S Livingstone, 1968.

Crowley, Terry, and Andy Reid, eds. *The Poor Law in Norfolk 1700 – 1850*.

Ely: East Anglian Record Office, 1983.

Crowther, M. Anne, and Marguerite W. Dupree. *Medical Lives in the Age of Surgical Revolution*. Cambridge: Cambridge University Press, 2007.

Curl, James. *A Celebration of Death*. London: Batsford, 1993.

Davis, Paul. *History of Medicine in Great Yarmouth Hospitals and Doctors*.

Great Yarmouth: Paul P. Davis, 2003.

Digby, Anne. *British Welfare Policy: Workhouse to Workfare*.

London: Faber & Faber, 1989.

———. *Making a Medical Living: Doctors and Patients in the English Market for Medicine 1720 – 1911*. Cambridge: Cambridge University Press, 1994.

———. *Pauper Palaces*. London: Routledge & Kegan Paul, 1978.

———. *The Evolution of British General Practice 1850 – 1948*.

Oxford: Oxford University Press, 1999.

Driver, Felix. *Power and Pauperism: the Workhouse System, 1834 – 1884*.

Cambridge: Cambridge University Press, 1993.

Durey, Michael. *The Return of the Plague: British Society and the Cholera 1831 - 2*.

Dublin: Gill and MacMillan, 1979.

———. “Bodysnatchers and Benthamites: the implications of the Dead Body Bill for the London Schools of Anatomy, 1820 – 1842.”

London Journal 2, (1976): 200 – 225.

Edwards, Owen Dudley. *Burke and Hare*. Edinburgh: Mercat, 1993.

Englander, David. *Poverty and Poor Law Reform in Nineteenth Century Britain, 1834 – 1914: From Chadwick to Booth*. London: Longman, 1998.

Farrington, Evelyn. *All the Way in His Life*. Norwich: Jarrold, 1932.

Finer, Samuel. *The Life and Times of Sir Edwin Chadwick*. London: Methuen, 1952.

Flanders, Judith. *The Victorian House*. London: Harper, 2002.

Flinn, Michael, ed. *Report on the Sanitary Condition of the Labouring Population of Great Britain by Edwin Chadwick 1842*.

Edinburgh: Edinburgh University Press, 1965.

Foucault, Michel. *Discipline and Punish: The Birth of Prison*.

Translated by Alan Sheridan. London: Penguin, 1977.

Fox, Daniel, and Christopher Lawrence. *Photographing Medicine: Images and Power in Britain and America since 1840*. London: Greenwood, 1988.

French, Roger, and Andrew Wear, eds. *British Medicine in an Age of Reform*.

London: Routledge, 1991.

Fried, A. and Richard Elman, eds. *Charles Booth's London*.

London: Hutchinson, 1969.

Frieden, Nancy. “The Russian Cholera Epidemic 1892 – 93 and Medical

Professionalization.” *Journal of Social History* 10, (1977): 538 – 553.

Gittings, Clare. *Death, Burial and the Individual in Early Modern England*.

London: Croom Helm, 1984.

Granshaw, Lindsay, and Roy Porter, eds. *The Hospital in History*.

London: Routledge, 1989.

Gray, Patricia, and Paul Richards. *The True Life and Crimes of a Bodysnatcher*.

Plymouth: M. P. Gray, 1999.

Green, Jennifer, and Michael Green. *Dealing with Death*.

London: Chapman and Hall, 1992.

Gregory, James. "Poverty from Workhouse to the Welfare State."

History Today 58, (2008): 44 – 52.

Guerrini, Anita. "Anatomists and Entrepreneurs in Early Eighteenth-Century London."

Journal of the History of Medicine 59, (2004): 219 – 239.

Gustavson, N. "The Effect of Human Dissection on First-year Students and
Implications for the Doctor-patient Relationship."

Journal of Medical Education 63, (1988): 62 – 64.

Haines, George. *Essays on German Influence upon English Education and Science*

1850 – 1919. Connecticut: Archon, 1969.

Hamlin, Christopher. *Public Health and Social Justice in the Age of Chadwick: Britain*

1800 – 1854. Cambridge: Cambridge University Press, 1998.

Hampson, E. M. *The Treatment of Poverty in Cambridgeshire 1597 – 1834*.

Cambridge: Cambridge University Press, 1934.

Hardy, Anne. *Health and Medicine in Britain since 1860*. Basingstoke: Palgrave, 2001.

- Hardy, Sheila. *The House on the Hill: The Samford House of Industry 1764 – 1930*.
Ipswich: S. M. Hardy, 2001.
- Hawkins, C. B. *Norwich A Social Study*. London: Warner, 1910.
- Header, H. and D. Lyon, eds. *British Government and Administration*.
Bangor: University of Wales, 1974.
- Hennock, E. P. *Fit and Proper Persons Ideal and Reality in Nineteenth-Century
Urban Government*. London: Edward Arnold, 1973.
- . *The Origin of the Welfare State in England and Germany, 1850 – 1914
Social Policies Compared*.
Cambridge: Cambridge University Press, 2007.
- Holloway, S. W. F. “The Apothecaries’ Act, 1815: A Reinterpretation, Part 1: The
Origins of the Act.” *Medical History* 10, (1966): 107 – 129.
- Hopkins, Eric. *A Social History of the English Working Classes*.
London: Hodder & Stoughton, 1979.
- Houlbrooke, Ralph, ed. *Death, Ritual and Bereavement*. London: Routledge, 1989.
- Hurren, Elizabeth. “A Pauper Dead House: The Expansion of the Cambridge
Anatomical Teaching School under the late-Victorian Poor Law, 1870 –
1914.” *Medical History* 48, (2004): 69 – 94.
- . “Patient’s Rights: from Alder Hey to the Nuremberg Code.”
History and Policy, (accessed May, 2002),
<http://www.historyandpolicy.org/archive/pol-paper-print-03.html>
- . *Protesting About Pauperism: Poverty, Politics and Poor Relief in Late-
Victorian England, 1870 – 1900*. Woodbridge: Boydell, 2007.

———. “Whose Body is it Anyway? Trading the Dead Poor, Coroner’s Disputes, and the Business of Anatomy at Oxford University, 1885 – 1929.”

Bulletin of the History of Medicine 82, (2008): 775 – 819.

Hurren, Elizabeth, and Steven King. “Begging for a Burial: Form, Function and Conflict in Nineteenth-Century Pauper Burial.”

Social History 30, (2005): 321 – 341.

Hutton, Fiona. “The Working of the 1832 Anatomy Act in Oxford and Manchester.”

Family and Community History 9, (2006): 125 – 139.

Jalland, Pat. *Death in the Victorian Family*. Oxford: Oxford University Press, 1996.

Joby, R. S. *Forgotten Railways: East Anglia*. Newton Abbott: David & Charles, 1977.

Jones, David, G. *Speaking for the Dead: Cadavers in Biology and Medicine*.

Aldershot: Dartmouth Publishing, 2000.

Joshi, Heather, ed. *The Changing Population of Britain*.

Oxford: Basil Blackwell, 1989.

Jupp, Peter, and Clare Gittings, eds. *Death in England: An Illustrated History*.

Manchester: Manchester University Press, 1999.

Jupp, Peter, and Glenys Howarth. *The Changing Face of Death*.

London: MacMillan, 1997.

Lee, Robert. *Unquiet Country. Voices of the Rural Poor, 1820 – 1880*.

Macclesfield: Windgather, 2005.

Kidd, Alan. *State, Society and the Poor in Nineteenth Century England*.

Basingstoke: MacMillan, 1999.

King, Steven. *Poverty and Welfare in England 1700 – 1850*.

Manchester: Manchester University Press, 2000.

———. “We Might be Trusted: Female Poor Law Guardians and the Development of the New Poor Law: The Case of Bolton, England, 1880 – 1906.”

Internation Instituut voor Sociale Geschiedenis 49, (2004): 27 – 46.

Knott, John. *Popular Opposition to the 1834 Poor Law*. London: Croom Helm, 1986.

Knowles, Susan A. “Seeking a Solution.” MA diss., University of East Anglia, 2000.

Laderman, Gary. *The Sacred Remains*. New Haven: Yale University Press, 1996.

Laqueur, Tom. “Bodies, Death, and Pauper Funerals.”

Representations 1, (1983): 109 – 131.

Lawrence, Susan. *Charitable Knowledge: Hospital Pupils and Practitioners in*

Eighteenth-Century London.

Cambridge: Cambridge University Press, 1996.

Lees, Lynn H. *The Solidarities of Strangers: The English Poor Laws and the People 1700 – 1948*. Cambridge: Cambridge University Press, 1998.

Lerner, Laurence. *Angels and Absences: Child Deaths in the Nineteenth Century*.

Nashville: Vanderbilt University Press, 1997.

Lewin, John. *A History of the West Norfolk and King's Lynn Hospital*.

King's Lynn: John Lewin, 1978.

Lewis, Tom. “Human Earrings, Human Rights and Public Decency.”

Entertainment Law 2, (2002): 50 – 71.

Litten, Julian. *The English Way of Death*. London: R. Hale, 1991.

Longmate, Norman. *The Workhouse*. London: Temple Smith, 1974.

MacDonagh, O. "The Nineteenth Century Revolution in Government: A Re-appraisal."

Historical Journal 1 (1958): 52 – 53.

MacDonald, Helen. *Human Remains: Dissection and its Histories*.

New Haven: Yale University Press, 2006.

———. "Procuring Corpses: The English Anatomy Inspectorate, 1842 – 1858."

Medical History 53 (2009): 379 – 396.

Mann, E. "Shipmeadow Union House: Extracts from Diary of an Inmate 1837 – 1850."

Proceedings of the Suffolk Institute of Archaeology 23 (1937): 42 - 49.

Manuel, Diane. *Marshall Hall 1790 – 1857: Science and Medicine in Early Victorian*

Society. Amsterdam: Rodopi, 1996.

———. "Walking the Paris Hospitals: Diary of an Edinburgh Student 1834 – 1835."

Medical History 23 (2004).

Marshall, Tim. *Murdering to Dissect*. Manchester: Manchester University Press, 1995.

Matthews, H. C. G. and Brian Harrison, eds. *Oxford Dictionary of National Biography*.

Oxford: Oxford University Press, 2004.

Medvei, Victor, and John Thornton, eds. *The Royal Hospital of Saint Bartholomew*

1123 – 1973. London: Royal Hospital of St. Bartholomew, 1974.

Meggy, W. "Body-Stealing at Great Yarmouth."

East Anglian Magazine, June, 1957: 434- 436.

Meller, Hugh. *London Cemeteries*. Aldershot: Scolar, 1994.

Morley, John. *Death, Heaven and the Victorians*. London: Studio Vista, 1971.

Ogborn, Miles. "Local Power and State Regulation in Nineteenth Century Britain."

Transactions of the Institute of British Geographers 17

(1992): 215 - 216.

Paroissien, David. *The Companion to Oliver Twist*.

Edinburgh: Edinburgh University Press, 1992.

Parris, H. "The Nineteenth Century Revolution in Government: A Re-appraisal,

Re-appraised." *Historical Journal* 3 (1960): 17 - 37.

Pattison, F. L. M. *Granville Sharp Pattison: Anatomist and Antagonist 1791 - 1851*.

Edinburgh: Canongate, 1987.

Pearson, Mike. *The Archaeology of Death and Burial*. Stroud: Sutton, 1999.

Pellew, Jill. *The Home Office 1848 - 1914: From Clerks to Bureaucrats*.

London: Heinemann, 1982.

Perkin, Harold. *The Origins of Modern English Society 1780 - 1880*.

London: Routledge and Kegan Paul, 1969.

Peterson, M. Jeanne. *The Medical Profession in Mid - Victorian London*.

Berkeley: University of California Press, 1978.

Philip, Neil, and Victor Neuburg. *Charles Dickens: A December Vision*.

London: Collins, 1986.

Porter, Roy. *Disease, Medicine and Society in England, 1550 - 1860*.

London: MacMillan, 1987.

———. *Blood and Guts: A Short History of Medicine*.

Harmondsworth: Penguin, 2002.

- . *Madmen: A Social History of Mad-Houses, Mad-Doctors, and Lunatics*.
Stroud: Tempus, 2001.
- . *Mind-Forg'd Manacles: A History of Madness in England from the
Restoration to the Regency*. London: Athlone, 1987.
- . "The Patient's View." *Theory and Society* 14, (1985): 175 – 198.
- Redstone, Lilian. *Ipswich Through the Ages*. Ipswich: East Anglian Magazine, 1969.
- Reinarz, Jonathan. "Unearthing and Dissecting the Records of English Provincial
Medical Education, c. 1825 – 1948."
Social History of Medicine 21, (2008): 381 – 392.
- Richardson, Ruth. *Death, Dissection and the Destitute*.
London: Routledge and Kegan Paul, 1987.
- . "The Human Corpse and Popular Culture: A Case Study of the 1832 Anatomy
Act." PhD thesis, Sussex University, 1985.
- Richardson, Ruth, and Brian Hurwitz. "Celebrating New Year in Bart's Dissecting
Room." *Clinical Anatomy* 9, (1996): 408 – 13.
- . "Donors Attitudes towards Body Donation for Dissection."
The Lancet 346 (1995): 277 –279.
- . "Jeremy Bentham's Self Image: an exemplary bequest for dissection."
British Medical Journal 357, (1987): 1 – 10.
- . "Joseph Rogers and the Reform of Workhouse Medicine."
British Medical Journal 299, (1989): 1507 – 1510.
- Roberts, Shirley. *Eponymists in Medicine: Sir James Paget*.
London: Royal Society of Medicine, 1989.

———. *Sophia Jex-Blake: A Woman Pioneer in Nineteenth Century Medical Reform.*

London: Routledge, 1993.

Rolleston, Humphry. *The Cambridge Medical School.*

Cambridge: Cambridge University Press, 1932.

Romano, Terrie. *Making Medicine Scientific.*

Baltimore: John Hopkins University Press, 2002.

Rook, Arthur, Margaret Carlton and Graham Cannon. *The History of Addenbrooke's*

Hospital Cambridge. Cambridge: Cambridge University Press, 1991.

Rugg, Julie. "The Rise of Cemetery Companies in Britain 1820 – 1853."

PhD thesis, Stirling, 1992.

Sanders, A. *Charles Dickens' Resurrectionists.* London: MacMillan, 1982.

Sappol, Michael. *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in*

Nineteenth Century America.

Princeton: Princeton University Press, 2002.

Scull, Andrew. *Museums of Madness: The Social Organisation of Lunacy in*

Nineteenth Century England. London: Allen Lane, 1979.

Serreau, Audrey. *Times and Years: A History of the Blofield Union Workhouse at*

Lingwood in the County of Norfolk. Bungay: Morrow, 2000.

Sharpe, J. A. *Judicial Punishment in England.* London: Faber & Faber, 1990.

Shaw, A. B. *Norfolk and Norwich Hospital: Lives of the Medical Staff 1771 – 1971.*

Norwich, A. B. Shaw, 1971.

———. *Norfolk and Norwich Medicine.*

Norwich: Norwich Medico-Chirurgical Society, 1992.

- Spiers, John. *Who Owns Our Bodies? Making Moral Choices in Healthcare*.
Oxford: Radcliffe Medical Press, 1997.
- Storey, Neil. *A Grim Almanac of Norfolk*. Stroud: Sutton, 2003.
- Sutherland, Gillian, ed. *Studies in the Growth of Nineteenth Century Government*.
London: Routledge and Kegan Paul, 1972.
- Symonds, Deborah, A. *Notorious Murders, Black Lanterns, & Moveable Goods: The Transformation of Edinburgh's Underworld in the Early Nineteenth Century*. Akron: The University of Akron Press, 2006.
- Taylor, Jeremy. *The Rebirth of the Norfolk and Norwich Hospital 1874 – 1883*.
Norwich: Wellcome Unit for the History of Medicine, 2000.
- Taylor, Thomas, S. *The Diary of a Medical Student during the Mid-Victorian Period 1860 – 1864*. Norwich: Jarrolds, 1927.
- . *The Diary of a Norwich Hospital Medical Student 1858 – 1860*.
Norwich: Jarrolds, 1930.
- Thompson, E. P. *The Making of the English Working Class*. London: Penguin, 1980.
- Thompson, F. M. L. *The Rise of Respectable Society: A Social History of Victorian Britain 1830 – 1900*. London: Fontana, 1988.
- Trotter, David. "The New Historicism and the Psychopathology of Everyday Life." In *Filth, Dirt, Disgust, and Modern Life*, eds. William A. Cohen and Ryan Johnson, 30 – 49. Minnesota: University of Minnesota Press, 2004.
- Turner, Bryan. *Medical Power and Social Knowledge*. London: Sage, 1987.
- Waddington, Ivan. *The Medical Profession in the Industrial Revolution*.
Dublin: Gill and MacMillan, 1984.

Waddington, Keir. "Mayhem and Medical Students: Image, Conduct, and Control in the Victorian and Edwardian London Teaching Hospital."

Social History of Medicine 15, (2002): 45 – 64.

———. *Medical Education at St. Bartholomew's Hospital 1123 – 1995*.

Woodbridge: Boydell, 2003.

Warner, John H. *Against the Spirit of System*.

Princeton: Princeton University Press, 1998.

Weatherall, Mark. *Gentlemen, Scientists and Doctors: Medicine at Cambridge 1800 – 1940*. Woodbridge: Boydell, 2000.

Wells, Susan. *Out of the Dead House: Nineteenth Century Women Physicians and the Writing of Medicine*. Wisconsin: University of Wisconsin Press, 2001.

White, Graeme. *In and Out of the Workhouse: The Coming of the New Poor Law to Cambridgeshire and Huntingdonshire*.

Cambridge: East Anglia Record Office, 1978.

Williams, P. O., and Mary J. Rowe, eds. *Undergraduate Medical Curricula: Changes in Britain*. London: Pitman, 1963.

Wilson, A. W., and H. Levy. *Burial Reform and Funeral Costs*.

London: Oxford University Press, 1938.

Wise, Sarah. *The Italian Boy: Murder and Grave-Robbery in 1830s London*.

London: Pimlico, 2005.

Womack, Christopher and Neil M. Gray. "Human research tissue banks in the UK

National Health Service: Laws, ethics, controls and constraints."

British Journal of Biomedical Science 57, (2000): 250 – 253.

Woods, Robert, and Nichola Shelton. *An Atlas of Victorian Mortality*.

Liverpool: Liverpool University Press, 1997.

Yeo, Geoffrey. *Images of Bart's: An Illustrated History of St. Bartholomew's Hospital in the City of London*. London: Historical Publications, 1992.